



Emerging Career Pathways
in the
New York City Healthcare Workforce:
Credited College-Level Certificates
for
Assistive Health Personnel

The City University of New York
Office of the University Dean for Health and Human Services

Shana Lassiter, Ed.D.
Carrie Shockley, Ed.D.
William Ebenstein, Ph.D.

in association with
The John F. Kennedy, Jr. Institute for Worker Education

prepared for the
New York Alliance for Careers in Health
June 2013

Emerging Career Pathways in the New York City Healthcare Workforce

Credited College-Level Certificates for Assistive Health Personnel

Introduction

The recent CUNY-GNYHA-1199SEIU report, the *Health Homes Case Study Project*,¹ identified a need to provide access to higher education and career ladders for assistive health personnel. One of the recommendations called for increasing the enrollment of incumbent workers into college-level certificate programs to help facilitate the integration of key staff into the new delivery models. Some workers are already receiving in-service training in care coordination and community health. Additional initiatives involving institutions of higher education are needed to educate the most motivated and qualified staff, not only to work differently but also to take leadership roles within an evolving service delivery system.

The “care team model” is fast becoming the basic workforce unit associated with the most innovative models of care.^{1,2} The multi-disciplinary team has a collective identity and shared responsibility for a patient or group of patients. It usually consists of a primary care provider (often a Nurse Practitioner), a care team supervisor or care manager (usually an RN or social worker), and some combination of care coordinators/care navigators/community health workers (unlicensed positions with educational requirements ranging from high school/GED to bachelor’s level with an ability for community outreach). Other assistive health personnel such as medical assistants and Licensed Practical Nurses (LPNs) may be included on the team either as care coordinators or in their more traditional roles. The team provides a collaborative context in which assistive health personnel can assume greater responsibility in the delivery of services. It has a less hierarchical structure that can facilitate communication and increase the likelihood that the contributions of each team member will be respected.

The ability of all personnel to work to the full extent of their training is essential for transforming the healthcare delivery system.^{1,3-9} While the particular team membership may vary depending on the organization and the particulars of the patient, the heart and soul of the care team model is the large cadre of unlicensed assistive health personnel. Assistive health personnel are known by many job titles such as community health workers (CHWs), medical assistants, patient navigators, peer counselors, assistant health educators, outreach workers, social work assistants, and health coaches. They are employed in hospitals, ambulatory care clinics, mental health agencies and neighborhood health and social services agencies. Ongoing healthcare reform will require a more sophisticated assistive health staff with a broader scope of responsibility and practice.

Health promotion, patient and family support, and referral to community and social services are hallmarks of the new delivery system and these dedicated staff can play a prominent role in all these areas. They also have a core responsibility to advocate on behalf of patients and families, including educating them on client rights and referring them to peer supports. This is a critical role and an enhanced status for staff who have direct communication with patients. Assistive health personnel can be especially instrumental in soliciting feedback from patients on consumer assessment surveys that can determine whether the care that is provided is experienced as satisfactory on a variety of measures, including culturally competent care and quality-of-life measures. They can provide leadership on the care team by engaging patients, families and communities in their own healthcare.

There is growing evidence that with appropriate training and supervision unlicensed personnel can contribute to improving quality outcomes by helping underserved populations access and navigate a fragmented delivery system.⁴⁻⁹ Their first-hand knowledge of the community and their cultural and linguistic diversity make them especially valuable assets to care teams. A good example is medical assistants who are employed in great numbers by community health centers and in ambulatory care settings but are also among the most difficult staff to retain.¹⁰ A lack of career ladder opportunities contributes to their high turnover. Although they are not licensed in any states, their role continues to evolve as health reform provides incentives to use allied health

personnel on multi-disciplinary teams to deliver culturally competent primary and preventive care.

Several emergent care models use bilingual/bicultural medical assistants as health coaches to support patients in self-care management (a series of case studies conducted by the UCSF Center for the Health Professions, which examines these care models, has been summarized in a previous report).⁹ In these emergent models, health coaches conduct “pre-visits” with patients, provide assistance during the clinical encounter, and conduct “post-visits” in complex cases to reinforce the clinician’s advice and help those with chronic conditions develop behavioral change action plans. Between visits health coaches follow-up with patients by phone or email to reinforce information discussed and troubleshoot. This approach has led to positive outcomes including decreases in wait times, no-show rates, re-hospitalizations and staff turnover. Other empirical studies have shown that employing CHWs on care teams increases the use of prevention services such as mammography and cervical screening among low-income and immigrant women and decreases unnecessary emergency department visits. Thus, assistive health personnel have been effective in shifting care from costly inpatient to primary care services.

Many of the changes associated with healthcare reform try to mitigate the deleterious effects of a fragmented health and social services delivery system, especially for at-risk patients. At the same time it seeks to capitalize on the wide range of existing community-based services to address the needs of the whole person.¹¹ Thus, it will be important to implement a comprehensive workforce strategy that encompasses the training of assistive health personnel across all service settings including smaller community based organizations. Several organizations in the NYACH-commissioned *Health Homes Case Study Project*¹ expressed the need for developing additional bachelor’s prepared personnel for leadership positions within the care team. One example is Montefiore Medical Center:

For care workers who are unlicensed, a high school diploma would be required, however, a bachelor’s degree may be required in the near future.... There is also an anticipated demand for bachelor’s prepared employees who are equipped to handle higher levels of

responsibility. Career ladders need to be established for those workers who have not yet earned a bachelor's degree.

Many organizations anticipate a growing need for assistive health personnel with at least some college and/or bachelor's degrees for leadership positions within the care team. It is important to enhance access to higher education and career advancement opportunities for all staff, but especially for those individuals who have the skills and life experiences to communicate with and outreach to patients from culturally diverse communities. Motivated assistive health personnel should be able to enroll in customized college-level certificates that are interdisciplinary and encompass areas such as care coordination, health coaching and patient advocacy and that also articulate to undergraduate degrees in non-clinical tracks (such as Community Health, Health Education, Human Services or Social Work) or baccalaureate level clinical tracks (such as Nursing or Physician Assistant).

Workforce issues cannot be separated from broader organizational changes that are taking place as part of the gradual transformation of the service delivery system, especially the impact of those changes on existing positions that are staffed by unionized employees. Completion of these college-level certificates could and should be linked to promotions, salary increments and increased job responsibilities that have been negotiated by organized labor and the management of healthcare agencies, and integrated into an incentivized system of career ladders. In many cases innovative payment methodologies associated with health care reform, such as capitated rates, would give providers the flexibility to pay for career ladders for care team members who delivered measurable quality care outcomes.

CUNY Certificate in Care Coordination and Health Coaching

Introduction

CUNY's John F. Kennedy, Jr. Institute for Worker Education (hereafter referred to as "the Institute") has developed and implemented several credit certificate programs for assistive health personnel/frontline workers/direct care workers in emerging fields such as Disability Studies and Youth Studies. The credit certificate model has become the Institute's signature approach to providing access to college for workers who might not otherwise have that opportunity. Hundreds of workers have participated in these certificate programs, many of whom subsequently pursued higher degrees and/or achieved professional advancement in their fields.

Consistent with this model, the Institute, in association with Queensborough Community College (QCC), launched a new credited college-level *Certificate in Care Coordination and Health Coaching* in the summer of 2012. Funding from the NYS Department of Health covered all tuition costs. Participants in the certificate program, which is ongoing, are assistive health personnel who have a high school diploma or GED, and who have little or no previous college experience. They are all incumbent workers, employees of agencies that provide healthcare and/or social services. All courses are offered at a convenient mid-town location.

Curriculum Overview

The Certificate is comprised of a non-credit bridge course and four existing QCC courses that have been customized to create a cohesive program. The program starts with a non-credit, 45-hour, introductory "Promoting Wellness" college bridge course offered through the Institute. The bridge course provides intensive support and instruction in basic reading, writing and critical thinking skills within a community health curriculum context.

Students who successfully completed the bridge course enrolled as non-matriculated students at QCC. The interdisciplinary sequence of credited courses includes an additional 150 hours of classroom instruction. The full Certificate consists of the following courses:

JFKJR-101	Promoting Wellness	non-credit, 45 hours
BU-914	Current Issues in Health Care Administration	3 credits, 45 hours
BI-150	Organization and Delivery of Health Care	2 credits, 30 hours
HE-102	Health, Behavior, and Society	2 credits, 30 hours
SS-385	Introduction to Social Work	3 credits, 45 hours
TOTAL		10 credits, 195 hours

A “certificate of completion” is awarded to those participants who successfully finish the credited sequence of courses.

Outreach and Application Process

Certificate participants were selected using a comprehensive recruitment and application process. Leading up to the program’s launch, Institute staff engaged selected agencies. This engagement included informational sessions that brought together representatives from various agencies across New York City, presentations at individual agencies that were interested in recommending employees as participants, and informational webinars. Initial recruitment efforts focused on organizations such as Federally Qualified Health Centers (FQHCs), agencies providing mental health services, and agencies serving individuals with developmental disabilities. Agency representatives were also part of an advisory group which program staff consulted during the curriculum development process.

An application packet (see Appendix A) was provided to all interested parties, and also posted to the Institute’s website. The packet provided detailed information about the program, including the time commitment, course sequence, location of classes, etc. The application solicited demographic information from prospective participants and included the required Agency Partnership Agreement and Agency Recommendation forms. An essay was also required, which allowed staff to assess students’ interest in the program, career goals, and academic goals. The essay also served as an indicator of prospective students’ writing skills.

Applicants were interviewed in groups using a rubric that was developed for this purpose (see Appendix B). All interviews were conducted by at least two staff members, who worked to ensure that all interviewees were actively engaged. For example, applicants were asked to share an anecdote concerning a time when they overcame a difficult situation, a barrier that they anticipated encountering during the course of the program, and how they planned to overcome that barrier. Interviewers encouraged participants to think honestly and concretely about the barriers that they might encounter, including time management, and conflicting priorities. This not only helped staff to think proactively about the types of supports that students might need, but also allowed students to make a truly informed decision concerning their participation in the program. Lastly, interviewees were asked to read a short passage and write a response to a prompt based on the passage. This exercise provided an unassisted writing sample for Institute staff and the bridge course instructors to review.

Employer Commitment

Enrollment in the credited certificate was not open to the general public. Participants had to be recommended and sponsored by their employer. The agency had to sign an “Agency Partnership Agreement” that included a commitment to provide release time, if needed, so that the student could attend classes. It also required that the sponsoring agency provide an incentive such as a bonus, raise or promotion upon completion of the credited certificate or other incentives to support the professional development of their workers. In addition the sponsoring agency had to identify a contact person to collaborate with CUNY counselors and instructors to support the participating employee on an as needed basis.

College Bridge “Promoting Wellness” Course

Admitted students first enrolled in a college bridge class which served as a supportive introduction to college. By exploring topics surrounding “Food Insecurity” the non-credit workshop-style course introduced students to some of the foundational issues, contexts, and workplace-specific vocabulary in the field of community health while simultaneously developing academic reading and writing skills (see Appendix C: College Bridge “Promoting Wellness” Course Syllabus). Students who successfully completed the bridge course enrolled as non-matriculated students in the 10-credit interdisciplinary sequence of courses.

Students Enrolled in the 10-Credit College Course Sequence

There are currently 41 students enrolled in the credited sequence and all are expected to complete the program in either August or December 2013. These working adult students are 83% female with an average age of 41 years; 63% are Black and 27% are Hispanic. They are experienced individuals having been employed with their current public or private non-profit agency for an average of 8 years. Two-thirds earn less than \$36,000 annually. More than 95% work full-time, and more than 41% are members of unions including SEIU/Local1199, CSEA, DC1707, and Unite HERE. Most have had little or no previous college experience. Nearly half earned a high school diploma/GED, but did not complete any college credits prior to the certificate program. An additional one-fifth completed just 1-12 college credits. The working adults who are enrolled in the certificate program are assistive health personnel, with titles such as care coordinator, health coach, peer educator, outreach worker, medical assistant and community support professional. More than 58% are employed by agencies that have either been designated as a “Health Home” (HH) and/or are partnering as a Community-Based Organization (CBO) in an HH. Nearly 90% of our certificate participants reported that they provide some type of “care coordination” as part of their work yet only 15% said that they felt confident about their knowledge of “care coordination” prior to beginning the certificate program courses.

At orientation, prior to beginning the bridge course, participants were asked to rank order the importance of various goals for enrolling in the certificate program. The two goals that were rated as most important were “to improve/expand my professional skills” and “to transition to higher education,” while “to prepare myself for a job change to another agency” and “to receive an agency incentive (i.e., raise, bonus, title change)” were rated as least important. At the program’s outset 85% of the participants expressed aspirations for enrolling in a degree program after completing the certificate. Thus participants were seeking an opportunity for academic and professional skills development, with an eye towards advancing in their careers at their current agency.

Especially for those participants who are employed at agencies that are part of HHs, they are experiencing significant increases in caseloads as well as an increase in the complexity and diversity of clients served. More and more agencies are shifting from a single type of client (i.e.

people with HIV) to a broader array of services required when supporting people with chronic illnesses and mental health issues.

Denise

We have started interviewing a small sample of the participants to learn more about their academic and career history and goals and their experiences in the credited certificate program. One student who we call “Denise” is a typical participant.

Denise is a 50+ year old U.S. born Black woman who works as a patient navigator for a CBO. Her agency previously focused on care management support for people with HIV/AIDS but more recently has added support for people experiencing chronic illness, mental illness and homelessness. She originally started with the CBO in an administrative role, was promoted to the role of community follow-up worker, transitioned to become a case worker, which was a lateral move, and a year prior to her interview, she moved into her current title as a patient navigator. Although she now feels like she belongs in her role, initially she did not feel readily accepted by her peers with more formal education. Denise’s life experience was one of the criteria that the agency used when she was considered for promotion. Although, she initially felt that being selected to be a navigator meant that she belonged, she questioned her abilities. She has since come to believe that she had proven herself in her role by being professional and learning what it means to be a navigator. She has modeled her work after others whom she admires and she has taken her lead from the clinicians on her team on how to best engage in the team meetings. Denise has a high school diploma and wishes to pursue higher education and saw the certificate as a safe way to re-enter the educational environment after a 30 year absence. Her short-term goal is to become a Certified Alcohol and Substance Abuse Counselor (CASAC). And her long-term goal is to complete a bachelor’s degree in Human Services and start her own faith-based CBO.

Credited Curriculum

The 4-course, 10-credit, interdisciplinary curriculum consists of courses from four different departments at QCC: Biological Sciences-“Organization and Delivery of Health Care”; Health and Physical Education- “Health, Behavior and Society”; Social Sciences- “Introduction to

Social Work”; and Business- “Current Issues in Health Care Administration” (see Appendix D for sample syllabi for all four credited classes and Appendix E for supplemental resources). As indicated in the *Health Homes Case Study Project* report,¹ educating a new generation of “care coordinators” to implement innovative models of care will require a cross-disciplinary approach. The CUNY curriculum is designed as a step on a career ladder for a “*generalist* care coordinator.” The care coordinator of today is required to practice in a more generalized fashion which involves multiple care settings, chronic conditions, and psychosocial concerns. This broader context reflects changes that are taking place at many CBOs as a consequence of healthcare reform including a broader range of vulnerable patients who are being served by the same care team at the same agency.

Career Pathways for Assistive Health Personnel

With enhanced critical thinking skills, content knowledge, and ability to work cross-functionally, assistive health personnel who complete the state-of-the-art, college-level certificate will be able to work more effectively in their current organization. Depending on their further career goals they can also matriculate into a variety of health and human services degree programs at QCC, and other CUNY and non-CUNY colleges. The credits that are earned at QCC are portable and transferable. This “stackable credential” provides an academic pipeline into higher level associate and baccalaureate degree programs in areas such as Health Education, Community Health, Human Services, Healthcare Administration, Social Work and Nursing.

Funding Recommendations

An Incentivized Career Ladder: New reimbursement methodologies including capitated and bundled payments create an opportunity for providers, in partnership with organized labor, to create career ladders based on quality outcomes for patients. Assistive health personnel who have enhanced their life experience and community outreach capabilities with a college-based credential, and who may also be continuing with their higher education toward a degree in a health or human services area, will be able to work more effectively as a member and/or leader of a care team. As caseloads continue to rise, especially for vulnerable populations including those with chronic illnesses, behavioral problems, substance abuse issues and other challenging conditions, agencies will have to rely more and more on a cadre of dedicated, better educated, assistive health personnel who can function as generalists, using a holistic approach, to coordinate and deliver needed services. Therefore, we would recommend that NYACH facilitate a conversation involving management and labor in the healthcare industry with the goal of creating an incentivized system of career ladders based upon earning a college-level credential such as the CUNY *Care Coordination and Health Coaching* certificate that would lead to increased job responsibilities and a salary increment.

Development of Similar Credited Certificates at Other CUNY Colleges: The college career pathway is not appropriate or necessary for all assistive health personnel. For those who are highly motivated and can make the transition, with support, into college-level courses, CUNY's certificate in *Care Coordination and Health Coaching* is a good option. It is presented here as a model that could be replicated with programmatic and curricular variations by other colleges. Therefore we would recommend that NYACH provide funding to develop similar credited college-level career ladder certificates with other interested CUNY schools, in collaboration with the relevant stakeholders in the healthcare industry.

Follow-Up Study of the First Two Cohorts of Credited Certificate Completers: Another important priority is to continue to follow-up on the 41 participants who we expect to complete the QCC credited certificate by December 2013. (The first cohort will complete it in August 2013). We recommend that NYACH provide additional funding to:

Interview the participants to find out more about their experiences in this college-level certificate program including the challenges that they had to overcome and what they felt that they learned;

Interview their agency supervisors and other colleagues to find out more about their perceptions of the impact of the program on the participant and on his or her care team;

Track the participants who matriculate into particular degree programs at CUNY schools;

Monitor any promotions or career advancement opportunities that were associated with completing the certificate.

We believe that a report that included this type of information, documenting actual examples of professional development, would inform the general discussion of Emerging Career Pathways in the New York City Health Care Workforce.

Acknowledgements

Funding for this report was provided by the New York Alliance for Careers in Healthcare (NYACH) through the New York City Workforce Development Corporation. It is one in a series of reports that are intended to serve as workforce planning and career mapping documents to inform the future efforts of a group of stakeholders that was been convened by NYACH. Additional funding was provided by the 1199SEIU Training and Employment Funds.

We would also like to acknowledge all of the administrators, faculty, curriculum developers, students, and agency partners who have been instrumental in the implementation of the Certificate in Care Coordination and Health Coaching.

References

1. Shockley C, Lassiter S, Ebenstein W. New York City emerging healthcare workforce: Health homes case study project. <http://www.cuny.edu/about/administration/offices/hhs/HealthHomeFinalReport.1.30.13.pdf>. Published February 2013. Accessed July 8, 2013.
2. Agency for Healthcare Research and Quality. The roles of Patient-Centered Medical Homes and Accountable Care Organizations in coordinating patient care. http://pcmh.ahrq.gov/portal/server.pt/gateway/PTARGS_0_11787_949768_0_0_18/Role_of_PCMHs_and_ACOs_in_Coordinating_Patient_Care.pdf. Published December 2010. Accessed July 8, 2013.
3. New York State Department of Health. Medicaid Redesign Team Workforce Flexibility and Scope of Practice Work Group final recommendations. http://www.health.ny.gov/health_care/medicaid/redesign/docs/workforce_flexibility_scope_of_practice_wg_recommend.pdf. Published November 21, 2011. Accessed November 28, 2012.
4. Zahn D, Matos S, Findley S, Hicks A. Making the connection: The role of community health workers in health homes. <http://nyshealthfoundation.org/uploads/resources/making-the-connection-chw-health-homes-sept-2012.pdf>. Published September 2012. Accessed June 28, 2013.
5. Matos S, Findley S, Hicks A, Legendre Y, Canto LD. Paving a path to advance the community health worker workforce in New York State. <http://nyshealthfoundation.org/uploads/resources/paving-path-advance-community-health-worker-october-2011.pdf>. Published October 2011. Accessed June 28, 2013.
6. Blue Cross Blue Shield of Minnesota Foundation. Community health workers in Minnesota: Bridging barriers, expanding access, improving health. <http://nyshealthfoundation.org/uploads/resources/community-health-workers-minnesota-october-2010.pdf>. Published October 2010. Accessed June 28, 2013.
7. Zahn D, Matos S, Martinez J, et al. The New York State community health worker initiative. <http://nyshealthfoundation.org/uploads/resources/new-york-community-health-worker-initiative-september-2010.pdf>. Published September 2010. Accessed June 28, 2013.
8. Martinez J, Knickman JR. Community health workers: A critical link for improving health outcomes and promoting cost-effective care in the era of health reform. <http://nyshealthfoundation.org/uploads/resources/community-health-workers-critical-link-october-2010.pdf>. Published October 2010. Accessed June 28, 2013.
9. City University of New York Office of the University Dean for Health and Human Services. Medical assisting: An overview of the profession and results of the survey of

graduates (1999-2000 to 2009-2010). <http://www.cuny.edu/about/administration/offices/hhs/CUNY.MAReport.2.6.12.pdf>. Published February 2012. Accessed July 8, 2013.

10. McGinnis S, Martiniano R, Moore J. The community health center workforce in New York. <http://chws.albany.edu/archive/uploads/2012/07/chc2011.pdf>. Published August 2011. Accessed January 25, 2013.
11. Berwick DM, Nolan TW, Whittington J. The triple aim: Care, health, and cost. *Health Affairs*. 2008;27(3):759-769.



Certificate in Care Coordination and Health Coaching

Spring 2013

John F. Kennedy, Jr. Institute for Worker Education
in association with
Queensborough Community College
The City University of New York

APPLICATION

What is the Certificate in Care Coordination and Health Coaching?

This Certificate is a sequence of five courses: one non-credit preparatory bridge course and four credited courses in the field of healthcare and human services. The course sequence is interdisciplinary, comprising the areas of health education, health promotion, organization and delivery of care, and social work.

Graduates of the Certificate can:

- Climb the career ladder by receiving better salaries, pay increases, promotional opportunities, and other career incentives that may be available to workers who have the Certificate and/or college experience.
- Improve their job performance by gaining a deeper understanding of the changing healthcare landscape, systems and delivery of care, and topics in health education. Certificate students will gain skills needed to support individuals in maintaining better health and connecting to health promotion activities.
- Move closer to completing a degree by using the credits they earn in the Certificate towards a college degree either now or in the future.

How much does the Certificate cost?

If you are accepted into the Certificate, **CUNY will pay your tuition and fees.** However, there is a one-time application fee of \$25, and students are responsible for their books each semester. Funding is available through the fall 2013 semester, and may be rescinded at any time for any reason deemed necessary by the Institute.

Is the Certificate in Care Coordination and Health Coaching a good fit for me?

This sequence of courses is intended as an introduction to college. It is meant to allow individuals who have never been to college or have limited college experience to assess whether they would like to pursue a college degree. Some individuals may also attend the Certificate for professional development. However, if you have a lot of college credits already or are currently enrolled in school, this may not be the right fit. Applicants with a bachelor's degree (regardless of major) will not be considered. Do you:

- Have a high school diploma (or your GED)?
- Work in health care, behavioral health, social services or a related sector?
- Work at a community-based agency, community health center, ambulatory clinic, or related setting?
- Live as a resident in New York State?
- Have availability to take day and/or evening classes in midtown Manhattan?
- Want to develop skills, knowledge, and confidence as a professional in the field?

If so, the Certificate in Health Coaching and Care Coordination can help you achieve your goals.

How often do classes meet, and when would I complete the Certificate?

Students will complete the **College Bridge** course in spring 2013, which will run from the week of January 7th through March 6th. The College Bridge course will meet two days per week for 3 hours over the course of 8 weeks. There will be two class sections (day and evening) and applicants will be asked to indicate their preference on the application form.

Students who successfully complete the Bridge Course and are accepted as non-matriculated students at Queensborough Community College (QCC) will move on to take a sequence of credited courses. The first

credited course will also be taken during the spring 2013 semester and will run from April through May. All classes will meet twice per week.

All classes will meet off-campus at a location in midtown Manhattan. Students will complete the entire Certificate by December 2013 and earn a total of 10 credits at QCC. The grid below outlines the Certificate courses, credits, hours, and a sample course and semester sequence. Course and semester sequence is dependent on student enrollment and other factors and is subject to change.

What will the admissions process be like?

This will be a competitive admissions process and only complete applications will be reviewed. Applicants that are deemed eligible for the Certificate will be asked to participate in a group interview. Interviews will take place between November 12th and November 21st. Applicants will be notified regarding an admission decision by mail during the week of November 26th. A mandatory orientation session for accepted students will be held on Wednesday, December 12th from 10:00AM-12:00PM.

CERTIFICATE IN CARE COORDINATION AND HEALTH COACHING SAMPLE CURRICULUM AND SEQUENCE

Courses	Credits	Hours	Semester/Year
<p>College Bridge: Promoting Wellness This non-credit course will provide an in-depth focus on food and eating, specifically related to issues of access and availability. Course content will address critical topics including food insecurity, resources, policy, and cultural considerations. This course is designed to help students develop, sharpen, and improve their reading, writing, and critical analyzing skills in preparation for college.</p>	0	45	Spring 2013
<p>BU 914 Current Issues in Health Care A survey of the various aspects of health care in the twenty-first century. Legal, economic, social and psychological aspects will be explored. Problems and practices of health care providers in the metropolitan area will be discussed with an emphasis on emerging technologies, including electronic health records, and on new and innovative models of care.</p>	3	45	Spring 2013
<p>SS-385 Introduction to Social Work This course introduces students to the field of social work with an emphasis on care coordination within a fragmented health care delivery system.</p>	3	45	Summer 2013
<p>BI-150 Organization and Delivery of Health Care This course is designed to provide an overview of the organization and delivery of health care in the context of health care reform and the Affordable Care Act.</p>	2	30	Fall 2013
<p>HE-102 Health, Behavior, and Society This course examines critical issues in health for the individual and the community with an emphasis on disease prevention and health promotion. Topics for discussion are based on the psychological, biological, and socio-cultural influences on human health behavior. Strategies for lifelong wellness across diverse populations will be explored.</p>	2	30	Fall 2013
Total Credits	10	195	



DEAR APPLICANT:

Thank you for your interest in the **Certificate in Care Coordination and Health Coaching**. This five-course Certificate is customized for frontline workers in the field of allied health. You will begin with a non-credit preparatory Bridge Course, and if you complete this course successfully, you will move through a series of four college courses. This Certificate is your first step to earning a degree at CUNY. We hope that with the completion of the 10 credits, you will maintain your enrollment at CUNY and work to earn either an Associate or Bachelor's degree.

A COMPLETE APPLICATION MUST INCLUDE:

- A completed Applicant Information Form
- Typed Personal Statement
- A current resume
- Sealed envelope with your Recommendation Form
- Partnership Agreement Form
- A copy of your GED with scores or your high school diploma
- A copy of all college transcript(s) from all college(s) previously attended (these can be unofficial)
- Proof of Residency in New York State (*NYS Driver's License, Utility Bill, Tax Return*)
- \$25.00 check or money order made out to "The City University of New York" for the application fee (*non-refundable*)

APPLICATION DEADLINE: FRIDAY, NOVEMBER 9, 2012

PLEASE NOTE: Applications must be received by the deadline. Applications received after 5:00PM on November 9th will not be considered. We are unable to consider incomplete applications.

APPLICATIONS MAY BE HAND-DELIVERED OR MAILED TO THE FOLLOWING ADDRESS:

Questions may be directed to:



Certificate in Care Coordination and Health Coaching
Spring 2013
APPLICANT INFORMATION FORM

PLEASE TYPE OR PRINT IN INK

Date: _____

Last Name: _____ First Name: _____

Date of Birth: _____ Social Security #: _____ - _____ - _____

Permanent home address: _____ Apt # _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Preferred Email (this is how we will contact you regarding your application):

Alternative Email: _____

Gender: Male/ Female (please circle selection)

Ethnic Identity (optional): (check all that apply) Country of Birth: _____

- Black/African American (Non-Hispanic)
Hispanic/Latino
White/Caucasian (Non-Hispanic)
Native American or Alaskan Native
Asian/Pacific Islander
Other (please specify) _____

Please tell us how you found out about the Certificate in Care Coordination and Health Coaching:

PRESENT EMPLOYMENT

Agency Name: _____

Agency Address: _____

City: _____ State: _____ Zip Code: _____

Current Job Title: _____

Work Address (if different): _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Work Fax: _____

Date of Employment: _____

Month/Year

Brief Description of Duties: _____

Work Schedule: Full time Part Time Hours worked per week: _____

Annual Salary Range (optional): \$15,000-\$35,999 \$36,000-\$55,999 \$56,000-65,999 \$66,000 +

Are you a member of a union? Yes No If yes, which one? _____

Agency/Facility Director: _____

Supervisor's Name & Title: _____
NAME TITLE

Supervisor's Telephone: _____

PREVIOUS EMPLOYMENT

Agency Name: _____

Agency Address: _____

City: _____ State: _____ Zip Code: _____

Previous job Title: _____

Dates of Employment From: _____ To: _____
Month/Year Month/Year

EDUCATIONAL BACKGROUND

Do you have a High School Diploma? Yes No If yes, year received? _____

Do you have a GED? Yes No If yes, year received? _____

Please list in chronological order ALL training and/or colleges you attended or are currently attending:

Dates	College/Institution	Degree Granted (Or expected)	Academic Major	Total Credits Earned (if any)

Please list any academic or professional honors you have received:

EDUCATIONAL GOALS

Would you like to continue in college beyond this Certificate? Yes No

Have you ever taken the City University of New York (CUNY) Proficiency Exam (FSAT or ACT test)?

Yes No If yes, what month and year? _____

If you took the Proficiency Exam, did you pass (indicate with a checkmark)? Reading Writing Math

COMPUTER USE

Do you have a computer with internet access (check all that apply)? at your home at your workplace

BRIDGE COURSE SCHEDULE

Indicate which section you would prefer for the spring 2013 Bridge Course (check both if both apply). Please note that sections will be assigned based on availability and cannot be guaranteed.

Section 1:

Monday and Wednesday, 6:00PM-9:00PM; January 9th – March 6th, 2013 (*no class on Monday, January 21st and Monday, February 18th*)

Section 2:

Tuesday and Thursday, 9:30AM-12:30PM; Thursday, January 10th – Tuesday, March 5th (*no class on Tuesday, February 12th*)

PERSONAL STATEMENT

On a separate sheet of paper, in no more than 500 words, prepare a **typed** statement that answers the following:

1. Tell us why you want to participate in the Certificate.
2. Tell us about your academic and career goals.
3. Describe a relationship with a patient/consumer/participant, at your place of employment, in which you served in a supportive, professional role.

I CERTIFY THAT I have read and understood all instructions accompanying and have answered all questions truthfully and to the best of my knowledge. I understand that any misrepresentation or omission may be cause for denying admission or permission to register.

Signed _____

Date _____

FERPA RELEASE AUTHORIZATION

The Family Educational Rights and Privacy Act of 1974 prohibits access to, or release of, educational records or personally identifiable information contained in records (other than directory information) without the written consent of the student, with certain regulatory exceptions. A description of a student's rights under FERPA is set forth in more detail on www.cuny.edu.

I, the undersigned, hereby authorize CUNY to release demographic information and pertinent information from my academic transcripts to NYS Department of Health (DOH). I also authorize CUNY to release to DOH information regarding my job status subsequent to completion of the certificate.

Signed _____

Date _____



**Certificate in Care Coordination and Health Coaching
Spring 2013
RECOMMENDATION FORM**

DIRECTIONS FOR APPLICANT:

Complete the information below (please print or type) and give it to your **Executive Director, current supervisor, or other administrator at your agency**. They should place this form in a sealed envelope and return it to you, so you can include it with your application.

NAME OF APPLICANT _____

NAME OF RECOMMENDER _____

AGENCY/TITLE _____

DIRECTIONS FOR RECOMMENDER:

The above named person is applying for admissions to an undergraduate *Certificate in Care Coordination and Health Coaching* at CUNY. We find that candid comments from those who can evaluate the applicant's performance and motivation through direct experience are extremely valuable, and we appreciate the time you are taking to provide this information. Please complete this form and enclose it in an envelope. We ask that you seal the envelope and sign across the envelope seal to ensure confidentiality. **Return the sealed envelope to the applicant, who will submit it unopened with the application.** *Questions may be directed to:*

I acknowledge that the above named individual has:

- Had satisfactory employment at our agency for at least one year.
- Not had satisfactory employment at our agency for at least one year.

Please use this scale to rate this applicant in relation to his or her peers	Exceptional	Outstanding	Good	Average	Poor	Unable to Judge
Analytical ability						
Oral communication skills						
Written communication skills						
Initiative						
Leadership						
Maturity						
Organizational ability						

Comments: _____

Signature: _____ **Date:** _____



Certificate in Care Coordination and Health Coaching
Spring 2013
PARTNERSHIP AGREEMENT FORM

Staff Member Nominated for Certificate:

Name: _____ Title: _____

Dear Agency Representative,

Your staff member is applying to an undergraduate Certificate in Care Coordination and Health Coaching at the City University of New York (CUNY). The following conditions are mandatory for participants to successfully participate in and complete the Certificate. Participating agencies are required to support staff members in the following ways:

- If necessary, provide release time so that the student may attend classes. This 5-course Certificate will run from January 2013 through December 2013. Day and evening classes will be offered and applicants are asked to indicate a preference on the Applicant Information form (page 7).
• Provide release time for the accepted student to attend a mandatory Orientation Session for new students on Wednesday, December 12th from 10:00AM-12:00PM.
• Identify an agency contact person who will have ongoing communication with the JFK, Jr. Institute.

Please indicate ways in which your agency will provide additional support for your staff member who is enrolled in the Certificate in Care Coordination and Health Coaching (this section must be completed):

- Provide a monetary bonus upon completion of the Certificate
Provide a raise upon completion of the Certificate
Provide a promotion upon completion of the Certificate
Pay for required books in the Certificate courses
Other (i.e. conferences, inter-agency recognition, mentoring, change of job title)

If other, please specify: _____

Identify a person from your agency who will have ongoing communication with the JFK, Jr. Institute:

Name of Agency: _____

Contact person: _____
NAME TITLE

Mailing Address: _____
STREET ADDRESS CITY STATE ZIP CODE

Phone: _____ Fax: _____

Email: _____

This Agreement Form must be approved and signed below by the Executive Director or Director of the agency or facility where the applicant is employed:

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Questions may be directed to:

**Applicant Evaluation Rubric
Spring 2013 Certificate in Care Coordination & Health Coaching**

Name of Applicant: _____

Name of Evaluator: _____

Category	Conditions	Points	Score	Comments
GENERAL APPLICATION				
	Application submitted on time	1		
	Application submitted late	-1		
	Application complete with all required items	1		
	Application missing item(s)	-1		
EDUCATION				
	HSD or GED only	2		
	Up to 30 credits, no degree	1		
	More than 30 credits, no degree	0		
	AA degree	-1		
	Trainings, certificates or continuing ed	1		
	Participated in an Institute program (Wellness Coaching , APN, KFP)	1		
PROFESSIONAL EXPERIENCE				
	Frontline worker, provides direct services	1		
	Has worked in field for over 1 year	1		
PERSONAL STATEMENT				
<i>*Half points may be awarded for the personal statement</i>				
Q1. Why do you want to participate in the Certificate?	Answered question completely	2		
	Answered question minimally	1		
	Didn't answer question	0		
Q2. Tell us about your academic and career goals.	Answered question completely	2		
	Answered question minimally	1		
	Didn't answer question	0		
Q3. Describe a time when you played a supportive, professional role with patient, consumer.	Answered question completely	2		
	Answered question minimally	1		
	Didn't answer question	0		

Category	Conditions	Points	Score	Comments
AGENCY RECOMMENDATION				
	Strong recommendation from agency	2		
	Moderate recommendation from agency	1		
	Weak recommendation from agency	0		
INTERVIEW				
Overall presentation	Arrived on time	1		
	Interacted professionally & respectfully with staff and peers	1		
	Made clear connections between Certificate and academic & career goals	2		
	Used concrete examples to describe how skill set could be applied in current work setting	1		
	Expressed commitment to, intellectual curiosity, or passion for their field	1		
	Demonstrated "grit": made specific reference to overcoming obstacles to achieve concrete goals	1		
	Demonstrated clear understanding of the program and requirements	1		
Writing Sample	Level of writing appears appropriate for Bridge Course	1		
	Sample had major grammar, structure or spelling errors	-1		

TOTAL APPLICANT SCORE (0-25): _____

*Previously applied for an Institute program. If yes, indicate program: _____

*Passed CUNY Skills Test : Reading Writing Math

OVERALL IMPRESSION (i.e. is the applicant a strong candidate?): **YES** **NO** **MAYBE**

ADDITIONAL COMMENTS:



**Certificate in Care Coordination and Health Coaching
College Bridge: Promoting Wellness
Course Syllabus
Semester**

Instructor:
Contact Information:
Class Meetings:
Dates:
Time: (Schedule based on 45 hours)
Location:

Course Description:

The College Bridge is the first course in the sequence for the Certificate in Care Coordination and Health Coaching and is designed to engage students in reading, writing and critical thinking tasks that will further develop their literacy skills. By exploring topics surrounding food insecurity, the course work will introduce students to some of the foundational issues, contexts, and workplace-specific vocabulary in the field of community health while simultaneously developing academic reading and writing skills.

During the course students will be asked to read increasingly more difficult texts, to read them with greater independence, to write increasingly more sophisticated pieces and build to becoming independent writers and revisers of their own work. To this end, much of the reading and writing in the first part of the course will take place in class. Over time, the editing, revising and drafting of writing will take place outside of the classroom. Similarly, students will eventually do the initial reading of a complex text at home and come to class prepared to work with this text.

The class is structured as a workshop, which means that you will be reading, writing and sharing work in class. We will work as a whole class, in small groups and individually. All of us will develop ways of talking and writing about the assigned readings. The members of the class, including the teacher, will act as a sounding board, an audience to hear what you have to say and suggest what you might do next in your writing. As we work together, we will spend a lot of time talking about writing and strategies for making your reading, writing and critical thinking skills stronger.

Coursework and Assignments:

Readings

As the class progresses, you will be expected to do more reading outside of class. During class you will repeatedly be asked to return to the text to find information and evidence for your writing. The writing assignments will be based on that text and class discussions will develop from your understanding of the readings. It is essential that you keep up with the reading for this course.

Writing

You will write in every class and be expected to write at home as the class progresses. These writings may vary in length from a few paragraphs to a few pages. You will generate writing through class activities and in response to the assigned readings. You will be expected to take work home that you begin in class in order to revise and edit it.

At the beginning of almost every class I will hand back your writing from the previous class. I ask that you read my comments and complete the short revision assignment written on your paper. The revision assignment will ask you to go back to your writing and try to make a section stronger and clearer for your reader. Because I will be collecting your writing each class, you should keep your writing in a 3-ring binder so that you can easily remove and keep track of your work.

In almost every class students will share their work. It is my expectation that everyone in class will share their work repeatedly during the course. When one student is reading, the other students are listening with a purpose. After a reading the other students are expected to give the reader positive and targeted feedback on their piece.

You must keep all the pieces you write including all drafts. Please save all drafts written on a computer. You also need to keep all the papers I hand out in class and all the assignment sheets. I suggest that you also have a folder for keeping your papers.

Assignments

You are responsible for completing all work for the class on time. Assignments must be completed by the beginning of each class. The work is cumulative - the work of one assignment builds upon the work of previous assignments both in terms of your skill development and your understanding of the issue of food insecurity. All work must be typed, in size 12 pt. font and double-spaced. Additional information and handouts about each assignment will be provided in-class.

Neighborhood Food Survey Assignment and Paper: Students will collect data on different types of food establishments available in one neighborhood. Students will then write an essay, making a claim about the availability of food in the neighborhood and supporting it with evidence from collected data.

Food Insecurity Paper: Students will write to a prompt, exploring the issue of food insecurity and using evidence from readings done throughout the semester to support their claim.

Subtopic Paper: Students will choose a subtopic related to food insecurity, research it in depth and write a paper presenting their findings. Students will work on this assignment both in and outside of class.

Subtopic Poster and Presentation: Students will create a poster based on their subtopic paper and will be prepared to discuss their poster with fellow classmates, program administrators and invited guests during a poster session and celebration on the final day of class.

Assessment:

Students will be assessed in the following six areas. Students must receive an overall grade of **80(B-)** or higher to pass the course. Writing (homework and class work) is more weighted within the formula because we want to make sure that you have the level of literacy skills to be successful in your subsequent classes.

Attendance: 10%

Participation: 10%

Neighborhood Food Survey Paper: 20%

Food Insecurity Paper: 25%

Subtopic Paper: 30%

Subtopic Poster and Presentation: 5%

Texts and Materials:

- A course packet of required readings. This will be handed out at the first class meeting.
- A loose-leaf binder with paper
- Access to a good collegiate level dictionary (at home or online)
- Access to a grammar reference (at home or online). **Suggested texts:** *The Least You Should Know About English*, Teresa Ferster Glazier and Paige Wilson; *The Writer's FAQs*, Muriel Harris; *Woe Is I: The Grammarphobe's Guide to Better English in Plain English*, Patricia O'Conner

Course Calendar, Topics and Assignment Due Dates:

- Session 1** **Reading:** Excerpt from *Angela's Ashes*
Skill: Focus
Review of syllabus; introduction to course and fellow students
In-class writing; writing share
- Session 2** **Reading:** "The Obesity-Hunger Paradox" and "How Hunger Relates To: Obesity & Public Health"
Skill: Focus, deciphering words from context
Teacher feedback and skill practice
In-class writing; writing share
- Session 3** **Reading:** "The Obesity-Hunger Paradox" and "Customers Prove There's a Market for Fresh Produce"
Skills: Focus, using evidence, deciphering words from context
Teacher feedback and skill practice
In-class writing; writing share
Homework: *Read Going Beyond Hunger: Food Insecurity in America*
- Session 4** **Reading:** Excerpt from *The Working Poor*
Skills: Focus, using evidence, discovering the main idea, deciphering words from context

Teacher feedback and skill practice

Homework: Read all of chapter eight from *The Working Poor* and at-home writing prompt

- Session 5** **Student work due:** Reading all of chapter eight from *The Working Poor* and at-home writing prompt
Skills: Focus, using evidence, revision, introduction
Writing informational essay; Revising to add details; Revising to add introduction
In-class writing; writing share
Homework: Informational essay
- Session 6** **Student work due:** Informational essay
Reading: *The Grocery Gap: Who Has Access to Healthy Food and Why It Matters*
Skills: focus, using evidence, deciphering words from context
Introduction of Neighborhood Food Survey assignment
In-class writing; writing share
Homework: Choose neighborhood for Food Survey Assignment and begin collecting data
- Session 7** **Student work due:** Neighborhood selection for Food Survey
Reading: *The Grocery Gap: Who Has Access to Healthy Food and Why It Matters*
Skills: focus, using evidence, summarizing, reading graphics, revision, using direct quotes, transitions, punctuating direct quotes
Teacher feedback and skills practice
Review of writing rubric
Writing persuasive essay; Revising to add direct quotes and to add transitions
In-class writing; writing share
Homework: Edit and type persuasive essay and continue to collect data for neighborhood food survey
- Session 8** **Student work due:** Neighborhood Food Survey data
Reading: *The Grocery Gap: Who Has Access to Healthy Food and Why It Matters*
Skills: focus, using evidence, reading graphics, making bar graphs
Introduction of Subtopic Assignment and topics
In-class writing; writing share
Homework: Revise and edit persuasive essays and select top two choices of subtopics
- Session 9** **Student work due:** Persuasive essay and top two choices of subtopics
Reading: “The Impact of Food Insecurity on Women’s Mental Health”
Skills: focus, using evidence, explaining evidence, revision, conclusions
deciphering words from context
Teacher feedback and skill practice

Writing Neighborhood Food Survey paper
Revision to add conclusions
In-class writing; writing share
Homework: Read “The Impact of Food Insecurity on Women’s Mental Health”
and revise and edit Neighborhood Food Survey paper

Session 10 **Student work due:** Reading: “The Impact of Food Insecurity on Women’s Mental Health”
Reading: “The Impact of Food Insecurity on Women’s Mental Health”
Skills: focus, using evidence, discovering the main idea, using direct quotes, paraphrasing
In-class writing; writing share
Subtopic project working time
Homework: Read all the materials in subtopic reading packet and Finalize Neighborhood Food Survey paper

Session 11 **Student work due:** Neighborhood Food Survey paper and Reading all the materials in subtopic reading packet
Skills: focus, using evidence, revision, transitions, conclusions
Teacher feedback and skill practice
Revising persuasive essay; Revising for transitions; Revising for conclusions
Writing Subtopic Paper
In-class writing; writing share
Subtopic project working time
Homework: Read “Food Access, Availability, and Affordability in 3 Los Angeles Communities”

Session 12 **Student work due:** Reading “Food Access, Availability, and Affordability in 3 Los Angeles Communities”
Reading: “Food Access, Availability, and Affordability in 3 Los Angeles Communities”
Skills: focus, using evidence, summarizing, discovering of main idea, deciphering words from context
Teacher feedback and skill practice
Summarizing article; Scavenger hunt for details
Revising Subtopic Paper
In-class writing; writing share
Subtopic project working time
Homework: Revise and edit subtopic paper

Session 13 **Student work due:** Subtopic paper
Reading: “Food Access, Availability, and Affordability in 3 Los Angeles Communities”
Skills: focus, using evidence, discovering of main idea, using direct quotes, paraphrasing, summarizing
Revising of persuasive essay; Revising for adding detail

Writing Food Insecurity paper
In-class writing; writing share
Subtopic project working time
Homework: Revise and edit Food Insecurity paper

Session 14 **Student work due:** Food Insecurity paper
Reading: “Food Access, Availability, and Affordability in 3 Los Angeles Communities”
Skills: focus, using evidence, reading tables, creating tables
Creating tables based on neighborhood food survey data
Revising practice
Student-selected revision
In-class writing; writing share
Subtopic project working time
Homework: Finish subtopic poster

Session 15 **Student work due:** Subtopic poster
Poster session and celebration

Certificate in Health Coaching and Care Coordination
College Bridge: Promoting Wellness
Semester

Neighborhood Food Survey Assignment

Overview:

In this assignment you will collect data on the different types of food establishments available in one neighborhood. This in-depth look at food access in one neighborhood will give you a reference point for some of the readings you will do in this class. You will be immersed in one of the key points in the conversation around food insecurity- food access. You will also conduct real data collection similar to the type done by the researchers in one of the articles you will read.

Once you have these data, you will work with it in a few ways in this class:

- Translate data into a bar graph
- Write in-class about one of the findings in your data
- Write an essay in which you make claim about the availability of food in the neighborhood and support this claim with evidence from your data
- Create a table highlighting the data that supports your claim

Some of this work will be done in class and some of it you will start in class and finish at home.

Steps:

1. Define the neighborhood in which you will collect the data. It does not have to be where you live or work, but it should be convenient and safe for you, as you will need to spend a good deal of time walking around the whole neighborhood. Also, because you will be walking, you should pick an area that is not too large for you to cover on foot. Decide on the clear boundaries of the neighborhood. [For example, the boundaries could be 8th and 11th Avenues and 16th and 20th Streets].

2. Collect your data. You are collecting data on *all* the types of food establishments in the neighborhood. You will be using the categories listed in the following table.

Category	Characteristics
Bar, tavern, liquor store	Sells alcohol.
Convenience store with gas	Sells food and convenience items as well as gasoline.
Convenience/ corner store	May or may not be part of a chain. Smaller than a supermarket. Sells smaller variety than supermarkets.
Fast-food restaurant/carryout/carryout specialty	Fast-food restaurant: part of a chain that sells fast food. Food is served on trays and ordered at a counter. Carryout: sells fast food at a counter that is taken away. Carryout specialty: carryout that specializes in coffee, doughnuts, smoothies, or ice cream.
Full-service restaurant	Can be local or part of a chain. Table service is available.

Mobile food vendors	Sells food from wheeled vehicles, carts, food trucks, stands and other mobile sites.
Specialty food store	Meat market, fish market, bakery, or other kind of store specializing in a single item or type of item.
Supermarket	A chain store that sells a wide variety of general items.

You are going to compare your data with your classmates, so you need to use the same categories.

Your essay about your data will need to include a section on the method you used to collect and analyze your data. You need to keep a detailed record of everything you do for this project. For example, you should collect information about:

- How and why you selected this particular neighborhood, including your decision about the boundaries of the neighborhood
- How and when you collected your data
- How you organized your data

Due dates:

Date (Session 8): Bring your organized data into class.

Date (Session 10): Essay in which you make a claim about the availability of food in the neighborhood and support this claim with evidence from your data is due.

Certificate in Health Coaching and Care Coordination
College Bridge: Promoting Wellness
Semester

Subtopic Paper and Poster Assignment

Overview

While the main theme for this class is food insecurity, you will work in groups with your classmates to explore a subtopic related to food insecurity. The subtopics are:

- School lunch
- Food Stamps/SNAP Benefits
- Who can tell you what to eat?
- Genetically modified foods

The class will be divided into these four subtopic groups and you will have time in class to meet with your subtopic group to discuss readings and issues within your subtopic. Even though you will work collaboratively with your subtopic group members, **each student will write an individual paper and produce a poster on their subtopic.**

You will be given a list of Internet links and some readings around your subtopic, which you will read outside of class. During class, you will:

- Write about your subtopic
- Revise your writing about your subtopic
- Look at models for structuring your paper
- Discuss the subtopic readings with other members of your subtopic group
- Work on your poster

Your **poster** should highlight one issue or finding from your research on the subtopic. The issue or finding as well as your references and evidence should be clear on your poster.

The last class meeting will be a poster session where all students will display and present their poster to their fellow classmates, colleagues, employers, friends and family.

Steps and Due Dates:

1. Decide on your top two choices of subtopic. Give your choices to the teacher on **Date (session 9)**.
2. Read your subtopics readings and come into class prepared to discuss and write about them by **Date (session 11)**.
3. Revise and edit your subtopic paper. Subtopic paper is due in class on **Date (session 13)**.
4. Draft and create your poster. Posters are due on **Date (session 15)**.

Sub-Topics for Poster Projects- Suggested Readings

1) School Lunch

- Adams, J. U. (2011, November 28). Pizza vegetable controversy is hot potato. *Los Angeles Times*, retrieved from <http://articles.latimes.com/print/2011/nov/28/health/la-he-school-lunch-nutrition-20111128>
- Julian, L. (2010, October & November). Why School lunch is “Nasty!” *Policy Review*, 43-53.
- Kaminer, A. (2011, March 4). Hairnets, Yes; Fried Foods, No. *The New York Times*, retrieved from: <http://www.nytimes.com/2011/03/06/nyregion/06critic.html>
- Nixon, R. (2012, January 25). New Rules for school meals aim at reducing obesity. *The New York Times*, retrieved from http://www.nytimes.com/2012/01/26/us/politics/new-school-lunch-rules-aimed-at-reducing-obesity.html?_r=1&pagewanted=print

2) Food Stamps/SNAP Benefits

- Dinour, L.M., Bergen, D., & Ming-Chen, Y. (2007). The food insecurity-obesity paradox: A review of the literature and the role food stamps may play. *Journal of American Dietetic Association*, 107 (1), 1952-1961. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0002822307016161>
- Molnar, C. (2012, January 4) Food Stamping the Green Market. *CUNY Center for Sustainable Cities Blog*. <http://blog.cunysustainablecities.org/2012/01/food-stamps-and-green-markets/>
- Ratcliffe, C., & McKernan, S. (2010). How much does SNAP reduce food insecurity? *The Urban Institute*, retrieved from http://www.urban.org/UploadedPDF/412065_reduce_food_insecurity.pdf
- Schumacher, G., Nischan, M., & Simon, D.B. (2012). Healthy food access and affordability: We can pay the farmer or we can pay the hospital. *Maine Policy Review*, 20 (1), 124-139. Retrieved from http://mcspolicycenter.umaine.edu/files/pdf_mpr/v20n1/PDF_articles/Healthy%20Food%20Access%20and%20Affordability.pdf
- Twilly, N. (2011, January 3). Food Stamp Use at NYC Green Markets Doubled Last Year. *Good Lifestyle*, retrieved from <http://www.good.is/post/food-stamp-use-at-nyc-greenmarkets-doubled-last-year/>
- Wilde, P.E. (2007). Measuring the effect of food stamps on food insecurity and hunger: Research and policy considerations. *The Journal of Nutrition*, 137: 307-310. Retrieved from <http://jn.nutrition.org/content/137/2/307.full.pdf+html>

3) Who Can Tell You What to Eat?

- Aubrey, A. (2012, February 7). Could taxes or food stamp restrictions tame America’s sweet tooth? *NPR*, retrieved from <http://www.npr.org/blogs/thesalt/2012/02/06/146481752/taxes-and-food-stamp-restrictions-proposed-to-tame-americas-sweet-tooth>
- Black, J. (2011, February 4). The war on pizza. *New York Magazine*, retrieved from <http://nymag.com/news/intelligencer/71280/>
- Hartocollis, A. (2010, April 4). Health officials willing to go to the mat over obesity and sugared sodas. *The New York Times*, retrieved from <http://www.nytimes.com/2010/04/05/health/policy/05daines.html?emc=eta1>

4) Genetically Modified Foods

Americans clueless about gene-modified foods. (Associated Press, 2005). Retrieved from <http://www.msnbc.msn.com/id/7277844/ns/health-genetics/t/americans-cluelessabout-gene-altered-foods/#.TzQWwXr7RgU>

Horovitz, B. (2011, October 4). Group seeks labels on genetically altered food. USA Today, retrieved from <http://www.usatoday.com/money/industries/food/story/2011-10-03/genetic-food-labels/50647108/1>

Ritter, M. & Bornstein, S. (2010, September 22). Genetically modified Salmon? That's nothing. *The Associated Press*, retrieved from http://www.msnbc.msn.com/id/39312857/ns/health-food_safety/t/genetically-altered-salmon-thats-nothing/#.TzQXbHr7RgU

Zabrenko, D. (2012, February 7). Consumer groups want tougher probe of engineered salmon. *Reuters*, retrieved from <http://health.yahoo.net/news/s/nm/consumers-want-tougher-probe-of-engineered-salmon#.TzK27bdLcz4.email>

Appendix D

General Course Information:

Title: Current Issues in Health Care Administration (QCC Course No. BU914)
Hours: 45 classroom hours, 3 credit hours

Textbook:

Bodenheimer, T., Grumbach, K. (2012). *Understanding health policy: A clinical approach* (6th Edition), Printed in the United States: McGraw Hill Medical.

General Objectives:

This course is designed to give students a foundation on the most critical issues facing our health care system in the 21st Century. This class will provide in-depth knowledge on Health Care Reform, its implementation and the impact it will have on the delivery of health services. Students will learn to develop strategies for improving health care services, and will be provided with the knowledge necessary to provide quality care in health care settings as required by the implementation of health care reform.

Specific Objectives:

- Understanding health care reform legislation and implementation.
- Understanding how health care reform will impact the delivery of health care services.
- Understanding innovative initiatives and patient care models.
- Understanding the basics of Medicare, Medicaid and private insurance as well as the basics of payment structures including capitation and their purpose in health care reform.
- Understanding medical law, ethics, bioethics and consenting in today's health care environment and its impact on health care delivery.
- Understanding electronic health records, data and the requirements of medical documentation.
- Understanding chronic illnesses and long-term care and the impact of chronic disease on health care services.

Course Assignments and Grading

Course Assignments:

1. **Homework/Class Participation/Attendance:** Homework Assignments will consist of Activities, Current Events and Case Studies. Each assignment will be discussed or presented during the class for which the assignment will be due. No grade will be assigned but they will be used as part of the determination of the points for participation.
Activities: You will be assigned a variety of tasks and instructed to visit healthcare-related websites.
Current Events: Students will bring in current events in health care to discuss in class. These can be from magazines, newspapers, journals, websites or a written report on something viewed (T.V., movie, observation in real life, etc...).
Case Studies: Several case studies will be assigned to provide students with an opportunity to critically think about the issues and problems that confront health care leaders. The cases will help students apply the course material to practical situations. Some of the cases will be completed as part of an in-class group exercise, others will be assigned as individual exercises.
2. **Quizzes:** Students will be assessed through quizzes which will be comprised of mostly short answer questions.
3. **Movie/TV Show Critique (minimum 750/maximum 1,000 words):** Students will watch a movie or television show that relates to health care administration and discuss the points below. A list of movies/documentaries will be provided, but you may select others.
 - a. Identify the basic service and program elements in the continuum of health care.
 - b. Define the major health care professions and the role of health care administrators within them.
 - c. Identify skills and competencies required for various health administration jobs.
4. **Resource Search and Paper:** Students will prepare a paper (**minimum 1,500 words; maximum 3,000 words**) on a health professional career as approved by the instructor, including coverage of the following topics:
 - a. Role in the health service system
 - b. Educational preparation
 - c. Credential and licensing requirements
 - d. Personal qualities essential for success
 - e. Advancement (administrative/management) opportunities within the profession
 - f. Numbers and most common employment sites
 - g. Professional association: Purpose, primary activities, professional development opportunities
 - h. Interview with a health care administrative practitioner or a professional association representative
5. **Group Project and Presentation:** Students will collaborate with other class members on a career building component (such as networking, mentors, communication skills) and its application in health care, and will present their findings to the class.

6. **Professional Association Event:** Students will attend one professional health care administration association event. A list of health care administration organizations will be provided. Each student will submit a summary of their chosen event.
7. **Final Exam:** There will be a final exam covering the course readings, lectures (including guest lectures), and student presentations.

Extra Credit:

You may earn up to 15 points of extra credit (towards your quiz grade) via the following opportunities:

- a. Orally summarize your Resource Paper for your classmates. You should use a PowerPoint accompanied by a one-page outline of your key points to hand out to the class. These presentations must be short (5 to 10 minutes) and allow five minutes for discussion. (10 points)
- b. Arrange a tutorial through the campus Writer’s Resource Center.
<http://www3.qcc.cuny.edu/isswebt/ISSmain.aspx>. Submit proof of attendance. (5 pts)

Final Grades:

Note: Below is a representative final grade calculation. Instructors are encouraged to use a variety of assessments, but may differ in how they weight each component of the final grade.

Homework/Class Participation	15%
Quizzes	15%
Movie/TV Show Critique	10%
Resource Search & Paper	15%
Group Project & Presentation	15%
Professional Association Event	10%
Final Exam	20%
Total	100%

Semester Timetable:

Please note that this is a *tentative* timetable, outlining the class as it is predicted to unfold. The timetable might need to be adjusted, based upon how quickly the class moves through the course material. Students will be notified of any changes.

- Session 1 Course Overview and Introduction to Current Issues in Health Care
- The paradox of excess and deprivation
 - History of health care reform
 - Paying for health care (including reimbursement models)
 - Allocation of scarce medical resources (macro and micro-level)
 - Mechanisms for controlling costs
 - Overview of Affordable Care Act (ACA), including Supreme Court decision
 - Issues of access to health care
- Sessions 2-4 Health Reform Policy/Health Reform Initiatives
- How health care is organized: Primary, secondary, tertiary care
 - How health care is organized: Health care delivery systems
 - Health care reform and national health insurance
 - The ACA in depth
 - Impact of the ACA on state and local health care initiatives (including New York State's Medicaid Redesign Team)
 - Overview of innovative/community-based models of care
 - Community health centers
 - Patient-centered medical homes
 - Health homes
 - Accountable care organizations
 - Care teams
 - Impact of the ACA on specialized health care sectors (e.g., community health centers, mental health services, disability services)
 - Evolving roles within the health care workforce, at all levels
- Sessions 5&6 Chronic Illness/Chronic Care
- Chronic conditions (including prevalence statistics, diagnostic criteria, etc.)
 - Diabetes
 - Heart disease
 - Hypertension
 - Asthma
 - HIV/AIDS
 - Mental illness (e.g., depression, anxiety, geriatric mental health)
 - Substance use/addiction

- Prevention of illness
- Weight management/personal nutrition/fitness
- Vaccinations/immunizations
- Long-term care (LTC)
 - Insurance coverage (Medicare, Medicaid, private) LTC coverage
 - LTC providers (informal and formal/professional)

Sessions 7&8

Care Coordination and Health Coaching: Overview, Skills, Theoretical Frameworks

- Defining care coordination and health coaching
- Which patients need care coordination and/or health coaching?
- Which health professionals are ideally situated and equipped to provide care coordination and/or health coaching?
- Impact of health coaching and care coordination on outcome measures: e.g., health outcomes, quality of care, hospitalization, improper use of ER services
- Importance of communication (within care team and with patients)
- Holistic assessment/screening (e.g., depression, anxiety, stress, geriatric mental health)
- Transtheoretical/Stages of change model
- Motivational interviewing
- Relapse prevention
- Self-management of chronic illness (patient)
- Self-management support (provider support, social support)
- Promoting wellness
- Wellness coaching (skills, tasks, techniques)
- Professional self-care

Session 9&10

Cultural Competency (including case studies, film)

- Health disparities (overview and statistics)
- Racial, ethnic, religious, sexual, etc. diversity of patients and in the health care delivery system
- The “culture” of health care and health care professionals
- Special populations often overlooked
 - Disability services
 - Aging and gerontological services
- Health literacy

Sessions 11&12

Health Information Technology/Management

- What is Health Information Technology (HIT)?
- What is Health Information Management (HIM)?
- Pursing an HIT/HIM career (AHIMA, educational programs)
- ICD-9-CM
- ICD-10-CM

- ICD-10-PCS
- CPT-4
- SNOMED
- Medical records
 - Importance (including importance of accurate documentation)
 - Use of medical records
 - Privacy
- Electronic Health Records and Personal Health Records
- Patient perspectives on electronic/personal health records
- Federal HIT/HIM initiatives (e.g., Office of the National Coordinator for Health Information Technology, Recovery Act funding)
- Local/Regional initiatives (e.g., NYC's Primary Care Information Project, Regional Health Information Organizations)
- Meaningful use

Session 13 Commonwealth Fund Case Studies

Session 14 Legal and Ethical Considerations

- HIPAA
- Legal issues for health professionals
- Informed consent (medical and research)
- Principles of medical ethics
- Bioethics
- Ethical dilemmas (including case study discussions)

Session 15 Final Exam and Course Wrap-Up

General Course Information

Title: Health, Behavior, and Society (QCC Course No. HE102)
Hours: 30 classroom hours, 2 credit hours

Textbook

QCC Textbook:

Teague, M.L., Mackenzie, S.L.C. & Rosenthal, D.M. (2012). *Your health today*. New York, NY: McGraw-Hill.

Alternate/Supplemental Textbook Options:

Edberg, M. (2007). *Essentials of health behavior: Social and behavioral theory in public health (essential public health)*. Sudbury, MA: Jones and Bartlett Publishers, Inc.

Edberg, M. (2009). *Essential readings in health behavior: Theory and practice (essential public health)*. Sudbury, MA: Jones and Bartlett Publishers, Inc.

General Objectives

This fundamental course focuses on the relationship between health and human behavior by exploring the psychological, biological, and socio-cultural perspectives of health. Topics for discussion emphasize disease prevention and lifelong health promotion for the individual and the community. Learning experiences are designed to enable students to develop analytical reasoning skills in order to make informed health decisions and to promote and maintain wellness across diverse cultures. This course will examine major health areas of importance to the individual and society including nutrition, mental health, stress, sexuality, exercise science and addictions.

Specific Objectives

Upon completion of this course, students will be equipped to:

- Describe the foundational principles of disease prevention and health promotion.
- Describe the fundamentals of the science of nutrition.
- Describe the fundamentals of exercise science.
- Discuss the symptoms, causes, consequences and prevention of chronic stress.
- Discuss the most common mental disorders.
- Identify the symptoms, causes, treatment and prevention for addictive behaviors.
- Explain the impact of public health on various behaviors.
- Identify sexually transmitted infections (STIs) and contraceptive methods.
- Discuss the current leading causes and preventable causes of death.

Course Assignments and Grading

Assignments:

- Quizzes:** Quizzes may be comprised of a combination of short answer/essay, multiple choice, matching, and identification questions.
- Paper:** Students will prepare a 3-5 page research paper using at least four academic/scholarly references. The paper will follow APA style guidelines and will be typed, 12pt font, and double-spaced. Related assignments (topic, outline, reference list, drafts) will be due prior to the final paper to help students prepare. Please see page 4 of this document for detailed assignment instructions.
- Presentation:** Students will be required to develop a presentation on a topic that will be covered during the course. Please see page 5 for detailed assignment instructions.
- Final Exam:** The final exam will be comprehensive, and may include a combination of short answer/essay, multiple choice, matching, and identification questions.

In addition to the assignments described above, students will participate in case studies and discussion associated with each case. Class participation and short, in-class written assignments will also be required.

Extra Credit:

Students may earn up to 15 points of extra credit towards their final quiz grade, via the following extra credit opportunities:

- a. Orally summarize their Research Paper for their classmates, using a PowerPoint presentation accompanied by a one-page outline of the key points (to be handed out to the class). These presentations must be comprehensive, yet concise (5 to 10 minutes) and allow 5 minutes for discussion. (5 pts)
- b. Attend a professional/research conference related to health education (for example, The Annual Health Disparities Conference at Teachers College, Columbia University), and develop a summary of the session(s) attended, including the impact of the session topic(s) on the field of health education. (10 pts)

Final Grades:

Note: Below is a representative final grade calculation. Instructors are encouraged to use a variety of assessments, but may differ in how they weight each component of the final grade.

Attendance/Participation	10%
Quizzes	25%
Research Paper	25%
In-Class Presentation	15%
Final Exam	25%
Total	100%

Semester Timetable

Please note that this is a *tentative* timetable, outlining the class as it is predicted to unfold. The timetable might need to be adjusted, based upon how quickly the class moves through the course material. Students will be notified of any changes.

- Session 1 Introduction to Health Education/ Health in a Changing Society/Wellness
- The field of health education
 - Health and wellness
 - Social determinants of health
 - Ecological model of wellness
 - Beyond the individual: Community and public health
 - Health in a multicultural society
 - Health disparities overview
 - Healthy People: History and HP 2020
 - Theory: Health Belief Model, Transtheoretical/Stages of Change Model
 - Creating a behavior change plan
 - Being a savvy consumer of health information
- Session 2 Mental Health and Stress
- Prevalence of mental illness
 - Positive psychology
 - Maslow's hierarchy of needs
 - Characteristics of mentally healthy people
 - Key brain structures/neurotransmitters
 - Mood disorders
 - Anxiety disorders
 - Addiction and dependence
 - Schizophrenia and other psychotic disorders
 - Suicide
 - Treatment of mental illness
 - Optimal stress (Yerkes-Dodson Law)
 - The stress response
 - The connection between stress and health
 - Sources of stress
 - *Stress in America* survey
 - Stress management
- Session 3 Nutrition/Fitness/Body Composition and Body Image
- Understanding nutritional guidelines
 - Federal (USDA/USDHHS) dietary guidelines for Americans
 - Understanding calories
 - Types of nutrients: Essential nutrients, macronutrients (Water, Carbohydrates, Proteins, Fats), micronutrients (Vitamins, Minerals)
 - Food safety and technology
 - Reading food labels

- Types of fitness
- Benefits of exercise
- National guidelines for physical activity and exercise
- Components of health-related fitness
- Exercise for special populations
- Overweight, obesity, healthy body weight
- Factors that influence weight
- Energy balance
- The diet industry
- Body image
- Disordered eating and eating disorders (anorexia nervosa, bulimia nervosa, binge eating disorder)
- Treating eating disorders
- Other disorders: body dysmorphic disorder, exercise disorders

Sessions 4&5 Alcohol, Tobacco, and Drugs

Alcohol

- Patterns of alcohol use in America (including ethnic differences, patterns across the lifespan)
- Alcohol and the body: Effects/metabolism of alcohol
- Health benefits of moderate alcohol consumption
- Factors associated with alcohol abuse
- Treatment options
- Relapse prevention
- Harm reduction policies/laws

Tobacco

- Patterns of Tobacco use (including differences between genders, age groups, ethnicities)
- Tobacco products
- Physical and psychosocial reasons that individuals smoke
- Short-term and long-term effects of tobacco use (including special health risks for men and women)
- Environmental tobacco smoke (i.e., secondhand smoke)
- Benefits of quitting smoking/treatment options
- Confronting the tobacco challenge (Nonsmokers' Rights Movement, public smoking bans, Master Settlement Agreement, harm reduction)

Drugs

- What is a drug?
- Types of drugs
- Drug misuse, drug abuse, drug dependence
- Drugs and the body (including routes of administration, effects on the brain)
- Drugs of abuse: central nervous system (CNS) stimulants, CNS depressants, opioids, hallucinogens, inhalants, cannabinoids
- Approaches to the drug problem: supply reduction strategies, demand reduction strategies, harm reduction strategies

- Has the “war on drugs” been successful?
- Cross-Cutting Themes

- Creating a behavior change plan
- Relapse prevention
- Motivational interviewing

Session 6 Relationships and Sexual Health

- A healthy sense of self
- Friendships
- Characteristics of successful partnerships
- Attraction
- Social psychology and theories concerning love (Similarity Theory, Social Exchange Theory, Sternberg’s Love Triangle Theory)
- Communication
- Distinguishing the concepts of sex and gender
- Sexual orientation and gender identity
- Maintaining strong and vital relationships
- Sexual health: anatomy, drive, arousal, human sexual response pattern, sexual development across the lifespan, sexual expression, sexual dysfunction in men and women
- Protecting sexual health

Sessions 7&8 Chronic Illness (Cardiovascular Disease, Diabetes, Cancer)

Cardiovascular Disease

- The cardiovascular system (anatomy)
- Atherosclerosis
- Coronary heart disease
- Heart attack
- Angina
- Congestive heart failure
- Hypertension
- Risk factors (controllable and non-controllable) for cardiovascular disease
- Promoting cardiovascular health

Diabetes

- Overview (definition, physiology, Type I vs. Type II)
- Prevalence
- Risk factors
- Disparities in morbidity and mortality
- Diagnostic criteria
- Signs and symptoms
- Physical complications and barriers related to diabetes
- Psychosocial complications and barriers related to diabetes
- Treatment of diabetes
 - Medications
 - Diet and exercise
 - Care management/Role of allied health personnel (e.g., health coach)

Cancer

- Overview
- Healthy vs. cancer cell growth
- Types of cancer (i.e., carcinomas, sarcomas, leukemias, lymphomas)
- Risk factors for cancer
- Common cancers (including prevalence statistics, risk factors, symptoms, and methods of detection)
 - Lung cancer
 - Colorectal cancer
 - Breast cancer
 - Prostate cancer
 - Cancers of the female reproductive system (cervical, uterine, ovarian)
 - Skin cancer
 - Testicular cancer
 - Oral cancer
- Screening test controversies (e.g., recent changes to recommendations for mammography, Pap, and prostate cancer screening)

Session 9 Health Disparities/Health Equity

- Overview
- Disparities not traditionally emphasized (e.g., disparities based upon sexual orientation, disability status, criminal history, etc.)
- Disparities in morbidity and mortality
- Disparities in health care access
- Disparities in quality of treatment/health care services
- Health literacy
- Vulnerable populations and the U.S. health care system: Historical perspective and ethical considerations
 - Tuskegee syphilis experiment
 - Medical experimentation on prisoners
 - HIV/AIDS drug trials involving foster children
 - Trials of the birth control pill involving underprivileged women in Puerto Rico
 - Experimental gynecological surgery on slave women
 - Henrietta Lacks
- Achieving health equity
 - Raising awareness of disparities
 - Addressing the macro-level causes of disparities (e.g., poverty)
 - The role of national health policy and related initiatives (e.g., Healthy People)
 - Health promotion/disease prevention initiatives
 - Enhancing diversity and cultural competency within the health care workforce

Session 10 Final Exam/Course Wrap-Up

Assignment Guidelines: Research Paper

Students will prepare a **3-5 page** Research Paper analyzing a national health education campaign. **Choose one** of the following well-known campaigns to analyze for your research paper:

- Screen for Life
- Back to Sleep
- Heart Truth
- Drug Abuse Resistance Education (DARE)

To complete this assignment, you will be required to visit the website(s) associated with your chosen campaign, review the health education materials that have been developed for the campaign, and conduct a literature search for scientific articles about the campaign.

Your paper must address **all** of the following questions:

- When did the campaign begin and end (or is it ongoing)?
- Which organization(s) developed and disseminated the campaign?
- Describe the campaign's target audience(s). Be specific- describe the gender, age, race/ethnicity, etc. of the target group(s).
- Describe the campaign's goals. What health issue does the campaign address, and why is that health issue a problem for the target audience?
- Describe the types of materials that have been developed for the campaign (e.g., brochures, Public Service Announcements [PSAs]), and the content of those materials.
- Describe how the campaign has been evaluated, and summarize the evaluation outcomes. Discuss whether or not the campaign has met its goals, based upon the evaluation data available.
- Provide your personal reflections on the campaign. Why did you choose this campaign as your topic? How could you use the information provided by this campaign in your personal life? How could you use this campaign in your work with your clients/consumers?

Your paper must meet **all** of the following criteria:

- Typed, 12pt font, and double-spaced
- 3-5 pages long, not including your reference list and title page
- Incorporates at least four academic/scholarly references
- Conforms to APA style guidelines

Related assignments (e.g., Topic, Outline/References, Drafts) are due prior to the final paper to help students prepare. Students may also earn up to 5 Extra Credit points towards their final Quiz grade by developing a 1-page outline and giving a 5-10 minute presentation summarizing findings from this paper.

Assignment Guidelines: In-Class Presentation (“Health Education Program Pitch”)

Background

Your agency has received a grant from the Department of Health to expand its health education services. The Executive Director of your agency must determine the best way to use these funds, and has asked employees for their input. You have been asked to submit a proposal for a ***new health education program*** that will address an urgent health issue that you have observed within your consumer/client/patient population.

Assignment

Prepare and deliver a “pitch” for a new health education program that you believe your agency should fund and implement. The target health issue should be one that we have covered in class. You will use the material covered in class (prevalence statistics, etc.), information about your agency (population served, health issues impacting your consumers/clients/patients, etc.), and any other relevant sources of information to support your argument for this new program.

Your “pitch” must include the following elements:

- A ***1-page handout*** (single-spaced, 12-point font, 1-inch margins) summarizing your proposed program. This handout will be distributed to the class on the day of your presentation. The handout should highlight the major components of your program and the data supporting the need for your program.
- A ***5-10 minute presentation***, using PowerPoint and delivered as if you are presenting to your Executive Director.

Your goal is to convince your agency to fund your program. Therefore, your handout and presentation should be informative and persuasive.

Presentations will occur during the last three days of class, based upon a schedule developed by the instructor and students.

General Course Information

Title: Organization & Delivery of Health Care (QCC Course No. BI150)
Hours: 30 classroom hours, 2 credit hours

Textbook

Shi, L., Singh, D.A. (2013). *Essentials of the U.S. Health Care System*, (3rd Edition). Burlington, MA: Jones & Bartlett Learning Company.

General Objectives

This course intends to provide a review of public- and private-sector health care administration, organization, financing, and delivery across the general population in the United States. It introduces the essential concepts of and issues pertaining to health care access, quality, and coverage, and discusses the roles, responsibilities, training/education and certification requirements, and employment trends for a wide variety of health professions. Students will learn about and explore issues related to the broad characteristics of the health care delivery system, the design and provision of health insurance, health politics and policymaking, and a historical perspective on the development of the modern-day U.S. health care system, among other concepts.

Specific Objectives

Upon completion of this course, students will be able to:

- Describe the broad components of the U.S. health care system;
- Understand the meaning of *cost*, *quality* and *access* as organizing concepts for analyses of the health care system;
- Describe the private, governmental, professional, and economic contributions to the development, maintenance, alteration, and operation of the U.S. health care system;
- Describe the types and interrelationships of health care facilities, services, and personnel;
- Understand and contextualize important challenges of complex public sector health policy formulation and implementation;
- Understand the major ethical, economic, professional, and legal issues confronting providers, insurers, employers, and consumers in today's health care system;
- Understand and describe the special problems of high-risk populations and health system responses;
- Identify and describe the quality control activities of the current health care system and relate service provider behavior to legal, ethical, and financial considerations and frameworks;
- Describe the values and assumptions that underlie the changing priorities in health planning resource allocation.

Course Assignments and Grading

Student **assessment/grading** for this course will be based on one's performance on worksheets, two in-class exams, one final course exam, and attendance and participation. The final exam will be cumulative and will be held during the last scheduled class session. Worksheets are due in hard copy the class session following their being assigned and are in short answer format.

Extra Credit:

Extra credit may be earned by writing a 3-5 page paper related to Healthcare Reform. Specific topics, guidelines, and point value should be discussed with the instructor.

Final Grades:

A representative final grade calculation is outlined below. Instructors are encouraged to use a variety of assessments, but may differ in how they weight each component of the final grade.

Worksheets:	25%
In-class exam #1:	20%
In-class exam #2:	20%
Final course exam:	25%
<u>Attendance and participation:</u>	<u>10%</u>
Total possible points:	100%

Semester Timetable

Please note that this is a *tentative* timetable, outlining the class as it is predicted to unfold. The timetable might need to be adjusted, based upon how quickly the class moves through the course material. Students will be notified of any changes.

Session 1: Introduction

- Course Overview
- Major characteristics of U.S. health care delivery

Session 2: Foundation of U.S. Health Care Delivery

- What is health?
- Determinants of health
- Cultural beliefs and values
- Strategies to improve health

Historical Overview of U.S. Health Care Delivery

- Medical services in pre-industrial and post-industrial America
- History of health insurance
- Medical services in the corporate era

Session 3: Health Care Providers & Professionals

- Doctoral-level health professionals (physicians, dentists, etc.)
- Nurses
- Non-physician practitioners
- Allied health professionals
- Public health professionals
- Health services administrators

Health Care Technology and Its Impacts

- What is medical technology?
- Information technology
- Utilization of medical technology
- Role of government in technology diffusion
- Impact of medical technology
- Benefits of technology assessment

The Role of Patients

Session 4: Health Care Financing and Insurance

- Effects of health care financing and insurance
- Insurance: Its nature and purpose
- Private insurance
- Public insurance
- The Patient Protection and Affordable Care Act
- Reimbursement methods
- National health expenditures

Session 5: Outpatient Services & Primary Care

- What is outpatient care?
- Scope of outpatient services
- Outpatient care settings and methods of delivery
- Primary care, including evolving roles of health care professionals

Hospitals

- Evolution of the hospital in the U.S.
- Expansion and downsizing of hospitals in the U.S.
- Access and utilization measures
- Hospital employment
- Types of hospitals
- Licensure, certification, and accreditation
- The Magnet Recognition Program
- Hospital organization
- Ethics and public trust

Session 6: Managed Care/Health Insurance

- What is managed care?
- Evolution and growth of managed care
- Managed care today
- Utilization control methods in managed care
- Types of managed care plans
- Health insurance exchanges
- Impact on cost, access, and quality
- Integrated systems
- Types of integration

Long-Term Care Services

- What is long-term care?
- Community-based long-term care services
- Institutional long-term care
- Licensure and certification of nursing homes
- Other long-term care services
- Nursing home industry and expenditures

Session 7: Special Health Needs Populations

- Framework to study vulnerable populations
- Predisposing characteristics (e.g., race/ethnicity, gender, age, geography)
- Enabling characteristics (e.g., lack of insurance, homelessness)
- Need characteristics (e.g., mental illness, chronic illness, disability, HIV/AIDS)
- Childhood obesity

Session 8: Cost, Access, and Quality

- Definition of “cost”
- The high cost of U.S. health care/Reasons for high health care costs
- Cost containment

- U.S. health care: Unequal in access, Average in quality
- Developments in process improvement

Health Policy

- What is health policy?
- Principal features of U.S. health policy
- Development of legislative health policy
- Critical policy issues
 - Access to care
 - Cost containment
 - Quality of care
 - Influence of research on health policy
- International health policy: Comparisons

Session 9: The Future of Health Services Delivery

- Conflicting realities of cost and access
- The future of health care reform
- New models of care (e.g., teamlet model; team-based care)
- Future workforce challenges
- Global threats and international cooperation
- Bioterrorism and the transformation of public health
- New frontiers in clinical technology
- Evidence-based health care

Session 10: Final Exam/Course Wrap-Up

Assignment Guidelines: Sample Worksheet 1

Chapter 1 of Shi & Singh explores and dissects the major characteristics of the U.S. health care system. Imagine you encounter someone from another country who is interested in learning about the U.S. health care system. This person is completely unfamiliar with it, so you decide, graciously, to explain it to him/her. Answer the following questions that would help guide your description of the health care system to your new friend (your answer should fit in the space allotted).

1. The U.S. health care system is massive and complex. Briefly explain what this means.
2. Briefly describe two (2) subsystems within the U.S. health care system.
3. Describe the strengths and drawbacks (weaknesses) of the U.S. health care system.

Assignment Guidelines: Sample Worksheet 2

1. Health determinants are traditionally arranged in four different categories. Choose two and briefly explain the elements/traits that characterize them.
2. The history of the U.S. health care system is divided into three different eras. Briefly summarize one of these eras. Be sure to include the major events of this era and explain the era's significance as it relates to the modern US health care system.
3. Distinguish between *illness* and *disease*. Provide one example of each term.

Assignment Guidelines: Sample Worksheet 3

1. Briefly describe two major elements of federal health reform.
2. Explain the major differences between Medicare Parts A, B, C, and D.
3. Pretend you are the head of Human Resources for a very large corporation. Explain why you would want to self-insure your company's employer-sponsored health care benefits.

Assignment Guidelines: Sample Worksheet 4

1. Briefly describe two domains of primary care. For full credit, be as thorough as possible while still fitting your answer in the space provided.
2. Describe the major characteristics and, if applicable, events of one stage of the evolution of the hospital in the U.S.
3. Pretend you are a primary care physician trying to determine the type of hospital you would like to work in. Choose one type of hospital and explain why you would want to work there (*hint*: you likely would not choose, as a primary care physician, to work in a specialty hospital).

General Course Information

Title: Introduction to Social Work (QCC Course No. SS385)
Hours: 45 classroom hours, 3 credit hours

Textbook

Zastrow, C. (2010). *Introduction to Social Work and Social Welfare* (10th ed.). Belmont, CA: Brooks/Cole.

General Objectives

This course introduces students to the field of social work and social welfare. Its emphasis is on the fundamental principles of social work and social welfare from a historical perspective. Students will gain an appreciation of social work service as well as a broad understanding of how social work and social welfare interweave with the larger society. Through this course, students will clarify their own professional goals in the social work field, as well as gain a greater sense of social work's role in healthcare and the Affordable Care Act.

Specific Objectives

Upon completion of this course, students will be equipped to:

- Describe the foundational principles and ethics of social work practice.
- Discuss social work practice in a variety of service settings
- Identify societal values and traditions that influence social welfare policies.
- Explain the history of the social work profession and social welfare institutions.
- Understand the process for becoming a professional social worker.
- Explore the contextual impact of culture, race, ethnicity, age and sexual orientation on individuals and communities.
- Discuss the most common mental health disorders and diagnosis, including treatments/preventive measures
- Discuss the current trends (e.g., Affordable Care Act) affecting service provision.

Course Assignments and Grading

Assignments:

Quizzes: Quizzes may be comprised of a combination of short answer/essay, multiple choice, matching, and identification questions.

Reflection Papers: Students will be required to complete 1-2 page response papers on chapters read from the textbook and supplemental readings. These papers will follow APA style guidelines and will be typed, 12pt font and double-spaced.

Professional Development Research Paper: Students will prepare a 3-5 page research paper on an area of the social work profession they are interested in learning more about, using at least four academic/scholarly references. Students will identify and interview a social worker in their area of interest. The paper will include a summary of that interview, along with a description of the interviewee's organization. The paper will follow APA style guidelines and will be typed, 12pt font, and double-spaced. Related assignments (e.g., topic, outline, interview protocol, reference list, drafts) will be due prior to the final paper to help students prepare.

Presentation: Students will develop and deliver a presentation on their research paper.

Final Exam: The final exam will be comprehensive, and may include a combination of short answer/essay, multiple choice, matching, and identification questions.

In addition to the assignments described above, students will participate in case studies and discussion associated with each case. Class participation and short, in-class written assignments may also be required.

Extra Credit:

Students may earn up to 15 points of extra credit via the following opportunities:

- c. Attend a meeting or event sponsored by the New York City Chapter of the National Association of Social Workers (NASW). You can find upcoming meetings and events at www.naswnyc.org and by clicking on the "Calendar of Events" button in the top right corner. **Please note: You may have to call the Chapter Office at 212-668-0050 to gain access to a meeting or event.** After you attend, write a 3-5-page reaction paper, answering the following questions: 1.) What was this meeting or event about? 2.) What did you learn from attending? 3.) What motivated you to choose this meeting or event? 4.) How did it further your awareness of the social work profession? 5.) What further questions/investigations do you have as a result of your attendance? 6.) Did this meeting or event further your interest in becoming a social work professional? Why or why not? (10 pts.)
- d. Watch a movie (list will be given) and pick a character to be a client. Answer questions (to be given) incorporating goals and purposes, core values, ethics, diversity, macro, mezzo or micro concepts of social work. (5 points)

- e. Bring one current news item (e.g. newspaper clipping, blog entry, magazine article, organizational newsletter) relating to a social work topic/issue to the class. Present the main points to the class and offer one relevant question for discussion. (5 points)
- f. *(If a presentation is not one of the required course elements)* Orally summarize your Professional Development Paper for your classmates. You should use a PowerPoint presentation accompanied by a one-page outline of your key points to hand out to the class. These presentations must be short (5 to 10 minutes) and allow five (5) minutes for discussion (5 pts.)

Final Grades:

A representative final grade calculation is outlined below. Instructors are encouraged to use a variety of assessments, but may differ in how they weight each component of the final grade.

Attendance/Participation	10%
Quizzes or Reflection Papers	20%
Professional Development Paper	30%
Presentation	15%
<u>Final Exam</u>	<u>25%</u>
Total	100%

Semester Timetable

- Session 1:** Course Introduction
- Course Overview
 - Social Worker's Code of Ethics
 - Ethical dilemmas in social work
- Session 2:** Social Welfare and Social Work
- Definition of social welfare, social work
 - History of social welfare and the future.
- Session 3:** Social Work as a Profession/Generalist Social Work Practice
- Social Work as a Profession
- Social work as a multi-skilled profession
 - Micro, mezzo and macro practice
 - Ecological model
 - Goals of social work
 - Strengths perspective
 - Social work stereotypes
- Generalist Social Work Practice
- Change process
 - Variety of roles
 - Social work with individuals
 - Social work with families
 - Social work with groups
 - Social work within a community
 - Social work with organizations
 - Social work values
 - Social work education
- Session 4:** Poverty and Public Welfare
- The rich and poor
 - Who are the poor?
 - Causes of poverty
 - Social insurance programs
 - Public assistance programs
 - President Obama's proposals to combat poverty
- Session 5:** Family Problems and Services to Families
- Diverse family forms and problems in society
 - What is a family?
 - Changing family situations
 - Family problems affecting children
- Session 6:** Emotional & Behavioral Problems & Counseling
- What are mental illnesses?

- Social work and mental health
- Changing unwanted emotions

Session 7: Health Problems & Medical Social Services

- Problems in health care
- Financing medical care
- Improving the current system
- The Affordable Care Act
- The roles of social work in 21st century healthcare
- Health care navigation systems

Session 8: Drug Abuse & Drug Treatment

- Drugs and drugs of abuse
- Sociological theories of drug abuse
- Facts about and effects of commonly used drugs
- Rehabilitation programs for drugs

Session 9: Crime, Juvenile Delinquency, & Correctional Services

- Nature and extent of crime
- Crime causation theories
- Types of crime
- The criminal justice system
- How to reduce crime and delinquency

Session 10: Sexual Orientation & Services to LGBTQ Individuals

- Formal study of sex, sexual orientation and social work with LGBTQ individuals.

Session 11: Problems in Education & Social Work

- Problematic areas in education
- Strategies to improve education
- President Obama's proposals to improve education

Session 12: Work-Related Problems & Social Work in the Workplace

- Trends in American workplace
- Problems in the work setting
- Social work in the workplace.

Session 13: Racism, Ethnocentrism & Strategies for Advancing Social and Economic Justice

- Ethnic groups and ethnocentrism
- Race and racism
- Prejudice
- Discrimination
- Oppression
- Strategies for advancing social and economic justice
- Ethnic sensitive social work practice.

Session 14: Sexism & Efforts for Achieving Equality

- Sexual harassment
- Traditional sex-role expectations
- Sex-role socialization
- Consequences of sexism and the maternal wall.

Session 15: Final Exam/Course Wrap-Up

Appendix E

Instructional Resources

It is recommended that curriculum developers/instructors include supplemental readings and media resources to round out the certificate curriculum. Many of the resources listed below are relevant to more than one course within the certificate. Curriculum developers and instructors are encouraged to work collaboratively to avoid unnecessary duplications and to make constructive use of any duplications that are intentionally retained (e.g., revisiting a resource to maintain a thread throughout the curriculum and/or to reinforce difficult concepts).

Supplemental Readings:

Examples of pertinent supplemental readings are provided below. This list includes various types of publications, including journal articles, print media articles, books, and reports. Curriculum developers and instructors are encouraged to consult academic journals and print media outlets throughout their courses, to identify recent articles/publications that might work well within the curriculum.

Alliance for Health Reform. (2008). *Health care coverage in America: Understanding the issues and proposed solutions*. Available at http://www.allhealth.org/publications/Uninsured/Health_Care_Coverage_in_America_2008_82.pdf.

Antos, J.R., Pauly, M.V., & Wilensky, G.R. (2012). Bending the cost curve through market-based incentives. *New England Journal of Medicine*, 367, 954-958. doi: <http://www.nejm.org/doi/full/10.1056/NEJMs1207996>

Appleby, J. (2013). *A guide to health insurance exchanges*. Available at: <http://www.kaiserhealthnews.org/stories/2011/march/30/exchange-faq.aspx>.

Betancourt, J.R., Green, A.R., Carrillo, J.E., & Ananeh-Firempong II, O. (2003). Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. *Public Health Reports*, 118(4), 293-302.

Blumenthal, D., & Tavenner, M. (2010). The “meaningful use” regulation for electronic health records. *New England Journal of Medicine*, 363, 501-504. doi: <http://www.nejm.org/doi/full/10.1056/NEJMp1006114>.

Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services: A model of care. *Journal of Transcultural Nursing*, 13(3), 181-184.

Center on Budget and Policy Priorities. (2009). *American Recovery and Reinvestment Act of 2009: State-by-state estimates of key provisions affecting low and moderate-income individuals*. Available at <http://www.cbpp.org/files/1-22-09bud.pdf>.

Center on Budget and Policy Priorities. (2011). Policy basics: Introduction to the federal budget process. Available at <http://www.cbpp.org/files/3-7-03bud.pdf>.

Charles, D. Furukawa, M., & Hufstader, M. (2012). *Electronic health record systems and intent to attest to meaningful use among non-federal acute care hospitals in the United States: 2008-2011*. Available at http://www.healthit.gov/media/pdf/ONC_Data_Brief_AHA_2011.pdf.

Cheng, J.K. (2012). Confronting the social determinants of health-Obesity, neglect, and inequity. *New England Journal of Medicine*, 367, 1976-1977. doi: <http://www.nejm.org/doi/full/10.1056/NEJMp1209420>.

Cheong, P.H., Feeley, T. H., & Servoss, T.J. (2007) Understanding health inequalities for uninsured Americans: A population-wide survey. *Journal of Health Communication*, 12(3), 285-300.

Cox, B., & Thornewill, J. (2008). The consumer's view of the electronic health record: Engaging patients in EHR adoption. *Journal of Healthcare Information Management*, 22(2), 43-47.

Delaware Regional Extension Center (2010). *Electronic health records: What you need to know*. Available at http://www.dehitrec.org/SiteAssets/resources/Consumer_EHR_Brochure.pdf

Emanuel, E., Tanden, N., Altman, S., Armstrong, S., Berwick, D., de Brantes, F.,... Spiro, T. (2012). A systemic approach to containing health care spending. *New England Journal of Medicine*, 367, 949-954. doi: <http://www.nejm.org/doi/full/10.1056/NEJMs1205901>

Fadiman, A. (1997). *The spirit catches you and you fall down: A Hmong child, her American doctors, and the collision of two cultures*. New York, NY: Farrar, Straus and Giroux.

Frakt, A., Carroll, A.E., Pollack, H.A., & Reinhardt, U. (2011). Our flawed but beneficial Medicaid program. *New England Journal of Medicine*, 364, e31(1)- e31(2). doi: <http://www.nejm.org/doi/full/10.1056/NEJMp1103168>.

Gindi, R.M., Cohen, R.A., & Kirzinger, W.K. (2012). *Emergency room use among adults aged 18-64: Early release of estimates from the National Health Interview Survey, January-June 2011*. Available at <http://www.cdc.gov/nchs/nhis/releases.htm>.

Glanz, K., Rimer, B.K., & Viswanath, K. (Eds.). (2008). *Health behavior and health education: Theory, research, and practice* (4th ed.). San Francisco, CA: Jossey-Bass.

Grobman, L.M. (Ed.) (2005). *Days in the lives of social workers* (3rd ed.). Harrisburg, PA: White Hat Communications.

Hartocollis, A. (2013, January 11). New York City ties doctors' income to quality of care. *The New York Times*. Available at: <http://nyti.ms/XGvvdn>.

Healthcare Information and Management Systems Society (2011). The legal electronic health record. Available at http://www.himss.org/files/HIMSSorg/content/files/LegalEMR_Flyer3.pdf.

Hertelendy, A., Fenton, S.H., & Griffin, D. (2010). The implications of health reform for health information and electronic health record implementation efforts. *Perspectives in Health Information Management*, 7(Summer), 1e.

Jones, D.K. (2012). The fate of health care reform—What to expect in 2012. *New England Journal of Medicine*, 366, e7(1)-e7(3). doi: <http://www.nejm.org/doi/full/10.1056/NEJMp1114858>.

Jones, J.H. (1993). *Bad blood: The Tuskegee syphilis experiment*. New York, NY: The Free Press.

Kaiser Family Foundation. (2010). *Timeline: History of health reform efforts in the U.S.* Available at <http://kff.org/health-reform/timeline/history-of-health-reform-efforts-in-the-united-states/>.

Kaiser Family Foundation (2009). *National health insurance- A brief history of reform efforts in the U.S.* Available at <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/7871.pdf>.

Kaiser Family Foundation (2012). *A guide to the Supreme Court's Affordable Care Act decision*. Available at <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8332.pdf>

Kaiser Family Foundation (2013). *Summary of the Affordable Care Act*. Available at <http://kff.org/health-reform/fact-sheet/summary-of-new-health-reform-law/>.

Kenen, J. (2012). Health policy brief: Medicaid reform. *Health Affairs*. Available at http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_60.pdf.

Mariner, W.K., Annas, G.J., & Glantz, L.H. (2011). Can congress make you buy broccoli? And why that's a hard question. *New England Journal of Medicine*, 364, 201-203. doi: <http://www.nejm.org/doi/full/10.1056/NEJMp1014367>.

McAllister, J.W., Presler, E., & Cooley, W.C. (2007). *Medical home practice-based care coordination: A workbook*. Available at http://www.medicalhomeimprovement.org/pdf/MHPracticeBasedCC-Workbook_7-16-07.pdf.

National Association of Social Workers. (2001). *NASW standards for cultural competence in social work practice*. Available at http://www.naswdc.org/practice/standards/NASW_culturalstandards.pdf.

Nutting, P.A., Miller, W.L., Crabtree, B.F., Jaén, C.R., Stewart, E.E., & Stange, K.C. (2009). Initial lessons from the first national demonstration project on practice transformation to a Patient-Centered Medical Home. *Annals of Family Medicine*, 7(3), 254–60.

Oberlander, J. (2012). Unfinished journey-A century of health care reform in the United States. *New England Journal of Medicine*, 367, 585-590. doi: <http://www.nejm.org/doi/full/10.1056/NEJMp1202111>.

Okie, S. (2012). The evolving primary care physician. *New England Journal of Medicine*, 366, 1849-1853. doi: <http://www.nejm.org/doi/full/10.1056/NEJMp1201526>.

Peikes, D., Chen, A., Schore, J., & Brown, R. (2009). Effects of care coordination on hospitalization, quality of care, and health care expenditures among Medicare beneficiaries: 15 Randomized Trials. *Journal of the American Medical Association*, 301(6), 603-618.

Rittenhouse, D.R., & Shortell, S.M. (2009). The Patient-Centered Medical Home: Will it stand the test of health reform?. *Journal of the American Medical Association*, 301(19), 2038-2040.

Schneider, E.C., Hussey, P.S., & Schnyer, C. (2011). *Payment reform: Analysis of models and performance measurement implications*. Available at http://www.rand.org/content/dam/rand/pubs/technical_reports/2011/RAND_TR841.pdf.

Skloot, R. (2011). *The Immortal Life of Henrietta Lacks*. New York, NY: Crown Publishing Group.

Smedley, B.D., Stith, A.Y., & Nelson, A.R. (Eds.) (2003). *Unequal treatment: Confronting racial and ethnic disparities in health care*. Washington, DC: The National Academies Press.

Stange, K.C., Nutting, P.A., Miller, W.L., Jaén, C.R., Crabtree, B.F., Flocke, S.A., & Gill, J.M. (2010). Defining and measuring the Patient-Centered Medical Home. *Journal of General Internal Medicine*, 25(6), 601-612.

Substance Abuse and Mental Health Services Administration (2010). *Project Launch: Promoting wellness in early childhood*. Available at http://www.samhsa.gov/samhsanewsletter/Volume_18_Number_3/MayJune2010.pdf.

The Social Work Leadership Institute of the New York Academy of Medicine. (2009). *Who is qualified to coordinate care? A report prepared for the New York State Department of Health and the State Office for the Aging*. Available at <http://socialworkleadership.org/nsw/index.php>.

The Society of General Internal Medicine Disparities Task Force. (2008). *A train-the-trainer guide: Health disparities education*. Available at <http://www.sгим.org/FileLibrary/SGIM/Communities/Task Forces/Disparities/SGIM-DTFES-Health-Disparities-Training-Guide.pdf>.

UCSF Center for the Health Professions, Innovative Workforce Models of Health Care case study series. Available at: <http://futurehealth.ucsf.edu/>.

U.S. Department of Health & Human Services Office of Minority Health, Cultural Competency section: <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=1&lvlID=3>.

Washington, H.A. (2006). *Medical apartheid: The dark history of medical experimentation on Black Americans from colonial times to the present*. New York, NY: The Doubleday Broadway Publishing Group.

Feature-Length Documentaries/Programs:

Unnatural Causes: Is Inequality Making Us Sick?

This landmark documentary, produced by California Newsreel and broadcast by PBS, provides a comprehensive overview of the pressing and persistent health inequities that exist in our nation. The first episode lays the groundwork for the documentary series. It is recommended that the Certificate students view Episode 1, at a minimum, in one of their courses. The subsequent, shorter episodes may be shown selectively, based upon the instructor's and the students' interests.

Titles, lengths and descriptions of all seven episodes are below, as provided on the documentary's website (www.unnaturalcauses.org). This website also offers resources for educators (http://www.unnaturalcauses.org/for_educators.php).

- Ep. 1: *In Sickness and in Wealth* (56 min.) How does the distribution of power, wealth and resources shape opportunities for health?
- Ep. 2: *When the Bough Breaks* (29 min.) Can racism become embedded in the body and affect birth outcomes.
- Ep. 3: *Becoming American* (29 min.) Latino immigrants arrive healthy, so why don't they stay that way?
- Ep. 4: *Bad Sugar* (29 min.) What are the connections between diabetes, oppression, and empowerment in two Native American communities?
- Ep. 5: *Place Matters* (29 min.) Why is your street address such a strong predictor of your health?
- Ep. 6: *Collateral Damage* (29 min.) How do Marshall Islanders pay for globalization and U.S. military policy with their health?
- Ep. 7: *Not Just a Paycheck* (30 min.) Why do layoffs take such a huge toll in Michigan but cause hardly a ripple in Sweden?

This documentary is a natural fit for the Current Issues in Health Care or Health, Behavior, & Society courses, but could also complement the Organization & Delivery of Health Care and Introduction to Social Work courses.

Soul Food Junkies

Summary from the film's PBS website (<http://www.pbs.org/independentlens/soul-food-junkies/>):

In *Soul Food Junkies*, [Byron] Hurt sets out on a historical and culinary journey to learn more about the soul food tradition and its relevance to black cultural identity. Through candid interviews with soul food cooks, historians, and scholars, as well as with doctors, family members, and everyday people, the film puts this culinary tradition under the microscope to examine both its positive and negative consequences. Hurt also explores the socioeconomic conditions in predominantly black neighborhoods, where it can be difficult to find healthy options, and meets some pioneers in the emerging food justice movement who are challenging the food industry, encouraging communities to "go back to the land" by creating sustainable and eco-friendly gardens, advocating for healthier

options in local supermarkets, supporting local farmers' markets, avoiding highly processed fast foods, and cooking healthier versions of traditional soul food.

This film is recommended for viewing within the Health, Behavior, & Society course. PBS also offers an accompanying discussion guide for the film, available at: <http://www.pbs.org/independentlens/soul-food-junkies/resources/soul-food-junkies-discussion.pdf>.

Sicko

Description from the film's website (www.sickothemovie.com):

Opening with profiles of several ordinary Americans whose lives have been disrupted, shattered, and—in some cases—ended by health care catastrophe, the film makes clear that the crisis doesn't only affect the 47 million uninsured citizens—millions of others who dutifully pay their premiums often get strangled by bureaucratic red tape as well.

After detailing just how the system got into such a mess (the short answer: profits and Nixon), we are whisked around the world, visiting countries including Canada, Great Britain and France, where all citizens receive free medical benefits. Finally, Moore gathers a group of 9/11 heroes – rescue workers now suffering from debilitating illnesses who have been denied medical attention in the US. He takes them to a most unexpected place, and in addition to finally receiving care, they also engage in some unexpected diplomacy.

'SiCKO' is a straight-from-the-heart portrait of the crazy and sometimes cruel U.S. health care system, told from the vantage of everyday people faced with extraordinary and bizarre challenges in their quest for basic health coverage.

This film is recommended for viewing within the Current Issues in Health Care course or the Organization & Delivery of Health Care course, but could also complement the Health, Behavior & Society and Introduction to Social Work courses.

Sick Around the World

Description for this program's website (<http://www.pbs.org/wgbh/pages/frontline/sickaroundtheworld/>):

In *Sick Around the World*, FRONTLINE teams up with veteran *Washington Post* foreign correspondent T.R. Reid to find out how five other capitalist democracies -- the United Kingdom, Japan, Germany, Taiwan and Switzerland -- deliver health care, and what the United States might learn from their successes and their failures.

This film is recommended for viewing within the Current Issues in Health Care course or the Organization & Delivery of Health Care course, but could also complement the Health, Behavior & Society and Introduction to Social Work courses. A teacher's guide is available at: <http://www.pbs.org/wgbh/pages/frontline/teach/sickaroundtheworld/>. The program is available in its entirety, at no charge, at: <http://www.pbs.org/wgbh/pages/frontline/sickaroundtheworld/>.

Worlds Apart

Description from the film's website (http://www.fanlight.com/catalog/films/912_wa.php):

These unique trigger films follow patients and families faced with critical medical decisions, as they navigate their way through the health care system. Filmed in patients' homes, neighborhoods and places of worship, as well as hospital wards and community clinics, *Worlds Apart* provides a balanced yet penetrating look at both the patients' cultures and the culture of medicine. This series is an invaluable tool for raising awareness about the role sociocultural barriers play in patient-provider communication and in the provision of healthcare services for culturally and ethnically diverse patients.

- *Mohammad Kochi*, a devout Muslim from Afghanistan, had surgery for stomach cancer, but is now refusing the chemotherapy recommended by his physician. His daughter thinks he may fear that the kind of chemotherapy offered will prevent him from observing daily prayer, and wonders if a professional translator might have avoided misunderstandings. *14 Minutes*

- *Justine Chitsena* needs surgery for a congenital heart defect, but her mother and grandmother, refugees from Laos, worry that the scar left by the operation will damage her in her next reincarnation. They want to seek advice from the local Buddhist temple. *11 Minutes*

- *Robert Phillips*, a health policy analyst who is African-American, believes he's likely to wait twice as long as a white patient for the kidney transplant he needs. He's looking for a new nephrologist — someone who will be more sensitive to his concerns. *10 Minutes*

- *Alicia Mercado*, a Puerto Rican immigrant, has strong beliefs about using natural home remedies rather than prescription medications. Her diabetes, hypertension, asthma and depression have been aggravated by her recent eviction from her apartment of eighteen years, which has also disrupted the continuity of her care. Her son worries about the "assembly line" care he feels she is receiving. *13 Minutes*

The interactions between these patients and their healthcare providers reveal a great deal about both problems and opportunities in cross-cultural healthcare. The study guide for this documentary series was designed by cross-cultural medicine educators Drs. Alexander Green, Joseph Betancourt, and Emilio Carrillo. The series consists of four programs, ranging from 10 to 14 minutes each; total combined running time is 47 minutes.

This film is recommended for viewing within the Health, Behavior & Society, Current Issues in Health Care, or Organization & Delivery of Health Care course, but could also complement the Introduction to Social Work course. A facilitator's guide is available at: http://www.fanlight.com/downloads/Worlds_Apart.pdf.

Short Movies/Programs:

Health Reform Hits Main Street

Description from the Kaiser Family Foundation website (<http://kff.org/health-reform/video/health-reform-hits-main-street/>):

Confused about how the new health reform law really works? This short, animated movie — featuring the “YouToons” — explains the problems with the current health care system, the changes that are happening now, and the big changes coming in 2014.

This movie is recommended for viewing within the Current Issues in Health Care course or the Organization & Delivery of Health Care course

Crack Babies: A Tale from the Drug Wars

Description from the report’s website (<http://retroreport.org/crack-babies-a-tale-from-the-drug-wars/>):

In the 1980s, many government officials, scientists, and journalists warned that the country would be plagued by a generation of “crack babies.” They were wrong.

Retro Report has gone back to look at the story of these children from the perspective of those in the eye of the storm — tracing the trajectory from the small 1985 study by Dr. Ira Chasnoff that first raised the alarm, through the drumbeat of media coverage that kept the story alive, to the present where a cocaine-exposed research subject tells her own surprising life story. Looking back, *Crack Babies: A Tale from the Drug Wars* shows the danger of prediction and the unexpected outcomes that result when closely-held convictions turn out to be wrong.

This report is recommended for viewing within the Health, Behavior, & Society course or the Introduction to Social Work course.

Web Resources:

The resources below include websites for healthcare professional organizations, national/regional public health agencies and initiatives, think tanks that focus on health-related issues, and popular media outlets intended to help students become daily consumers of health-related information.

American Health Care Association:

<http://www.ahca.org/>.

American Public Health Association:

www.apha.org

Association of Baccalaureate Social Work Program Directors:

<http://www.bpdonline.org>

Association of Social Work Boards:
<http://www.aswb.org>

Centers for Disease Control and Prevention (CDC):
www.cdc.gov

Centers for Medicare and Medicaid Services (CMS):
<http://www.cms.gov/>

Clinical Social Work Federation:
<http://www.cswf.org>

Commonwealth Fund:
<http://www.commonwealthfund.org/>

Council on Social Work Education:
<http://www.cswe.org>

Health Reform in Action (White House website):
<http://www.whitehouse.gov/healthreform>
Healthcare Information and Management Systems Society (HIMSS):
<http://www.himss.org/>

Healthy People 2020:
<http://www.healthypeople.gov/2020/default.aspx>

Huffington Post Healthy Living Section:
<http://www.huffingtonpost.com/healthy-living/>

Kaiser Family Foundation:
www.kff.org

KQED Public Media:

- Health & Wellness Page: <http://www.kqed.org/science/health/>
- Health Education Resources:
<http://www.kqed.org/education/educators/health-education-resources.jsp>

National Association of Social Workers (NASW):

- National: www.socialworkers.org
- New York City chapter: www.naswnyc.org

National Institute on Minority Health and Health Disparities (NIMHD):
<http://www.nimhd.nih.gov/>

National Public Radio (NPR) Health Section:
<http://www.npr.org/sections/health/>

New York Academy of Medicine (NYAM):

- Home Page: <http://www.nyam.org/>
- Eliminating Health Disparities Page:
<http://www.nyam.org/urban-health/eliminating-health-disparities/>

New York City Department of Health and Mental Hygiene (DOHMH):

<http://www.nyc.gov/html/doh/html/home/home.shtml>

New York State Department of Health (DOH):

<http://www.health.ny.gov/>

New York Times Health Section:

<http://www.nytimes.com/pages/health/index.html>

Social Welfare Action Alliance:

www.socialwelfareactionalliance.org/

Society for Public Health Education (SOPHE):

<http://www.sophe.org/>

University of California, San Francisco (UCSF) Center for the Health Professions:

<http://futurehealth.ucsf.edu/>